

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0145052  
AB

DOCUMENT # 840598

1. Entity Name  
TURNER-BUSCH, INC.



FILED

03 SEP 24 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

90 E. RIDGEWOOD AVENUE  
PARAMUS NJ 07652

Mailing Address

90 E. RIDGEWOOD AVENUE  
PARAMUS NJ 07652

2. Principal Place of Business

214 STATE STREET

Suite, Apt. #, etc.

SUITE 201

City & State

HACKENSACK, NJ

Zip

07601

Country

U.S.

3. Mailing Address

214 STATE STREET

Suite, Apt. #, etc.

SUITE 201

City & State

HACKENSACK, NJ

Zip

07601

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

03

4. FEI Number

13-1599940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KANTOR, JULIUS  
2515 N.E. 2ND COURT APT. 105  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BAKKE, KENNETH  
STREET ADDRESS 6 PROSPECT HILL ROAD  
CITY-ST-ZIP SPOFFORD NH 03462 ☐ Delete

TITLE SD  
NAME FIORE, ALLYSON  
STREET ADDRESS 212 N QUEEN ST  
CITY-ST-ZIP BERGENFIELD NJ 07621 ☐ Delete

TITLE PD  
NAME FIORE, ANTHONY  
STREET ADDRESS 212 N QUEEN STREET  
CITY-ST-ZIP BEROENFIELD NJ 07621 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 195 EVERDELL AVE.  
CITY-ST-ZIP HILLSDALE, NJ 07642 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 195 EVERDELL AVE.  
CITY-ST-ZIP HILLSDALE, NJ 07642 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres. 9/8/03 2019689670

CR2E034 (4/03)