FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Jan 13, 2003 8:00 am Secretary of State **DOCUMENT #** F65517 1. Entity Name 01-13-2003 90675 025 ***150.00 TURNER BUILDERS OF VERO BEACH, INC. Principal Place of Business Mailing Address 65 ROYAL PALM BLVD P. O.BOX 650236 SUITE A P.O. BOX 65-0236 VERO BEACH FL 32960 VERO BEACH FL 32965 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2162689 Not Applicable Zip _ Zip Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, JAMES H Street Address (P.O. Box Number is Not Acceptable) 12890 N A1A VERO BEACH FL 32963 \mathcal{W}_{-} 13680 Indian River Dr 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 SIGNATURE nted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change TURNER, JAMES H Addition NAME STREET ADDRESS 5025 FAIRWAY CIRCLE #206 13680 Do. Indian lines Dr STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32967 CITY-ST-ZIP TITLE Delete TITLE **Change** ☐ Addition NAME turner, Judy s NAME STREET ADDRESS 5025 FAIRWAY CIRCLE #206 STREET ADDRESS 13680 No Irdian CITY-ST-ZIP VERO BEACH FL 32967 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR