

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91340 027 \*\*\*150.00

DOCUMENT # F84607

1. Entity Name

TURNER PROPERTIES & INVESTMENTS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2419 FLEISCHMANN ROAD

Suite, Apt. #, etc.

SUITE 2

3. Mailing Address

2419 FLEISCHMANN ROAD

Suite, Apt. #, etc.

SUITE 2

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-2203640

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

TURNER, MARTIN STEPHEN

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

215 SOUTH MONROE

SUITE 400/P.O. DRAWER 11300

City

TALLAHASSEE

FL

Zip Code

32302

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$650.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME TERESA L. TURNER  
STREET ADDRESS 2419 FLEISCHMANN RD., SUITE 2  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME JOAN MANCENO  
STREET ADDRESS 2419 FLEISCHMANN RD., SUITE 2  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME DOUGLAS E. TURNER  
STREET ADDRESS 2419 FLEISCHMANN RD., SUITE 2  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Manceno

JOAN MANCENO

5/8/02

850-894-3944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)