

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90049 045 \*\*\*150.00

**DOCUMENT # F99000003962**

1. Entity Name  
**TURTLE CLAN CONSULTING, INC.**

Principal Place of Business Mailing Address  
**605 BAYWOOD DRIVE 605 BAYWOOD DRIVE**  
**LYNN HAVEN FL 32444 LYNN HAVEN FL 32444**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3586593**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMSEY, DONALD R**  
**605 BAYWOOD DRIVE**  
**LYNN HAVEN FL 32444**

Name **Corporation Service Company DRR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street DRR**  
 City **Tallahassee DRR FL** Zip Code **32301 DRR**

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PCST**  
 STREET ADDRESS **RAMSEY, DONALD R**  
 CITY-ST-ZIP **605 BAYWOOD DRIVE**  
**LYNN HAVEN FL 32444**

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

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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Ray Ramsey  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 850-265-1653  
 Date Daytime Phone #

CR2E034 (9/01)