

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90001 045 ***150.00

9688300
 AV

DOCUMENT # H38726

1. Entity Name
GUY W. TURNER, P.A.

Principal Place of Business
2916 DOUGLAS ROAD
SUITE 3
CORAL GABLES FL 33134

Mailing Address
2916 DOUGLAS ROAD
SUITE 3
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

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 59-2467659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TURNER, GUY W. 2916 DOUGLAS RD CORAL GABLES FL 33134		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TURNER, GUY W. 2916 DOUGLAS RD CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, GUY W. 2916 DOUGLAS RD CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *GUY W. TURNER, P.A.* 7/30/01 (305) 444-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachments
 AUG 25 2001
 COPY

DOCUMENT # H38726

1. Entity Name
 GUY W. TURNER, P.A.

Principal Place of Business
 2916 DOUGLAS ROAD
 SUITE 3
 CORAL GABLES FL 33134

Mailing Address
 2916 DOUGLAS ROAD
 SUITE 3
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2467659**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

TURNER, GUY W.
 2916 DOUGLAS RD
 CORAL GABLES FL 33134

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.

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, 2001 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: PST
 NAME: TURNER, GUY W.
 STREET ADDRESS: 2916 DOUGLAS RD
 CITY-STATE-ZIP: CORAL GABLES FL Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-STATE-ZIP: Change Addition

TITLE: D
 NAME: TURNER, GUY W.
 STREET ADDRESS: 2916 DOUGLAS RD
 CITY-STATE-ZIP: CORAL GABLES FL Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-STATE-ZIP: Change Addition

TITLE: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-STATE-ZIP: Change Addition

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 CITY-STATE-ZIP: Change Addition

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TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-STATE-ZIP: Change Addition

TITLE: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-STATE-ZIP: Change Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: X Guy W Turner / Day *[Signature]* X 3/13/01 X (305) 444-7011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
A080055
1138736

GUY W. TURNER, P.A.
ATTORNEY AT LAW
2916 DOUGLAS ROAD, SUITE 3
CORAL GABLES, FLORIDA 33134

FOR Document # 1138736 63-27/631 7335

PAY One hundred & fifty 00/100 DOLLARS

DATE	TO THE ORDER OF	CHECK NO.	AMOUNT	
3/15/01	Department of State	7335	150 00	Uniform Res Report

GUY W. TURNER, P.A.
GENERAL ACCOUNT

Bank of America

Melvin D. Turner

⑈007335⑈ ⑈063400277⑈ 004501010032⑈

Attachment
Guy W. Turner, P.A.

AU080255

Doc. # H 38726

GUY W. TURNER, ESQ.

July 30, 2001

Division of Corporations
Uniform Business report Filings
PO Box 1500
Tallahassee, FL 32302-1500

**Re Misplaced Form and Check
As to 2001 Uniform Business Report**

Dear Sir or Madam,

Today I received information from my accountant, that the check, which I sent you along with my yearly Uniform Business Report, had been misplaced as the \$150.00 check never cleared. While checking further, I called your office and advised you that my records indicate that I paid this matter on March 13th with check No. 7335. (See attached check and form) You advised me to send another check and form along with a copy of my old check and form.

You also advised I request a waiver of the late fee, since the \$150.00 was mailed on time but, some how, it never reached you.

I appreciate your assistance in this matter. As you can see from the attached copies, I did mail the form and check on time.

Very Respectfully,


Guy W. Turner

GWT/gy

Enc.