

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90043 007 ***158.75

C0042344

DO NOT WRITE IN THIS SPACE

DOCUMENT # **H48943**
 1. Entity Name **TURNKEY MICROB INTERNATIONAL, INC**

Principal Place of Business **4901 WHIPPOORWILL RD SEBRING FL 33872**
 Mailing Address **SAME**

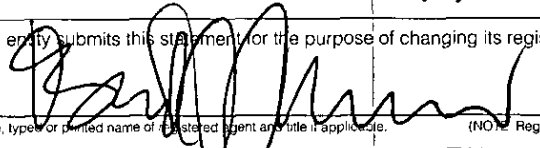
2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2507603** Applied For Not Applicable
 5. Certificate of Status Desired **SE** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARTHUR JENSEN
2900 NE 22 CT
POUMAND BEACH FL 33062

7. Name and Address of New Registered Agent
 Name **BEN JENSEN**
 Street Address (P.O. Box Number is Not Acceptable) **4901 WHIPPOORWILL RD**
 City **SEBRING** FL Zip Code **33872**

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  3/8/00
 Signature, typed or printed name of registered agent and title is applicable. (NONE 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, 2000 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

TITLE	P	NAME	ARTHUR JENSEN	STREET ADDRESS	2900 NE 22 CT	CITY-ST-ZIP	POUMAND BEACH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE	VP	NAME	SAME	STREET ADDRESS		CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE	SIT	NAME	SAME	STREET ADDRESS		CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	BEN JENSEN	STREET ADDRESS	4901 WHIPPOORWILL RD	CITY-ST-ZIP	SEBRING FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SIT	NAME	SAME	STREET ADDRESS		CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this form 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:  BEN JENSEN PRES 8633829212
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)