

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J47066

FILED  
Jan 17, 2002 8:00 AM  
Secretary of State

Entity Name: JILL L. TURNER, O.D., P.A.

**Current Principal Place of Business:**

1833 N.E. 185 STREET  
N. MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

1833 N.E. 185 STREET  
N. MIAMI, FL 33179 US

**New Mailing Address:**

FEI Number: 59-2743960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNER, JILL L.  
1833 N.E. 185TH ST.  
N. MIAMI BCH., FL 33179 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TURNER, JILL L.,  
Address: 1833 N.E. 185TH ST,  
City-St-Zip: N MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TURNER, JILL L.,  
Address: 1833 N.E. 185TH ST,  
City-St-Zip: N MIAMI BEACH, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL L TURNER

DR

01/17/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date