2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am **DOCUMENT # K78022** Secretary of State TURNER ROSS CONSTRUCTION, INC. 05-01-2001 90022 025 ***150.00 Principal Place of Business Mailing Address 8842 PHYLLIS AVE 8842 PHYLLIS AVE SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0113708 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, BRANDON Street Address (P.O. Box Number is Not Acceptable) 8842 PHYLLIS AVE SARASOTA FL 34231-4720 % City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (10/00 Addition TURNER, BRYAN NAME NAME 8842 PHYLISS QUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE Delete TITLE Addition ROSS, DARRYL 1759 FOREST RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BRANDON, TURNER NAME NAME STREET ADDRESS 8842 PHYLLISS AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34231 Addition TITLE ☐ Delete TITI F ☐ Change NAME TURNER, DIANE NAME STREET ADDRESS 8842 PHYLISS AVENUE STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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: JKYAA

Bryan Cerner

2/ 321-4517