

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90013 038 \*\*\*\*\*50.00

0065338

**DOCUMENT # L00000010645**

1. Entity Name

**TURNER BUILDING CONTRACTORS LLC**



Principal Place of Business

**1836 CEMETARY ROAD  
HOLIDAY FL 34691**

Mailing Address

**1836 CEMETARY ROAD  
HOLIDAY FL 34691**

2. Principal Place of Business

**2121 CEMETERY RD**

Suite, Apt. #, etc.

3. Mailing Address

**2121 CEMETERY RD**

Suite, Apt. #, etc.

City & State

**HOLIDAY FL**

City & State

**HOLIDAY FL**

4. FEI Number

**59-3668451**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34691 PASCO**

**PASCO**

**34691 PASCO**

**PASCO**

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, GARY  
1836 CEMETARY ROAD  
HOLIDAY FL 34691**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **TURNER, GARY**  
STREET ADDRESS **1836 CEMETARY ROAD**  
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition  
NAME **TURNER GARY**  
STREET ADDRESS **2121 CEMETERY RD**  
CITY-ST-ZIP **HOLIDAY FL 34691**

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/31/03 727-942-0381**

Date

Daytime Phone #

CR2E083 (10/02)