

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90001 020 \*\*\*\*55.00

**DOCUMENT # L02000019262**

1. Entity Name

**CORNERSTONE KNOWLEDGE GROUP LLC**



Principal Place of Business

**1132 WELCH HILL CIRCLE  
APOPKA FL 32712**

Mailing Address

**1132 WELCH HILL CIRCLE  
APOPKA FL 32712**

2. Principal Place of Business

**AS ABOVE**

Suite, Apt. #, etc.

3. Mailing Address

**AS ABOVE**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**Applied For**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional - Fee Required**

6. Name and Address of Current Registered Agent

**TURRELL, PAUL G  
1132 WELCH HILL CIRCLE  
APOPKA FL 32712**

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

*Turrell*

**3/26/03**

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 **CEO** ☐ Delete  
NAME **PAUL TURRELL**  
STREET ADDRESS **1132 WELCH HILL CIR.**  
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE **PRESIDENT** ☐ Delete  
NAME **TONYA TURRELL**  
STREET ADDRESS **1132 WELCH HILL CIR.**  
CITY-ST-ZIP **APOPKA, FL 32712**

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

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

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

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

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

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:

*Tonya Turrell*

**3/26/03**

**407-886-1200**

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

Date

Daytime Phone #

CR2E083 (10/02)