

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90074 017 \*\*\*150.00

**DOCUMENT # L55405**

**1. Entity Name**  
**TURNAGAIN, INC.**



**Principal Place of Business**  
1909 CAPITAL CIR NE  
TALL FL 32308  
US

**Mailing Address**  
1909 CAPITAL CIR NE  
TALL FL 32308  
US

**2. Principal Place of Business**

**3. Mailing Address**

1897 Cap Circle NE

P.O. BOX 1406

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A-1

Suite, Apt. #, etc.

City & State  
TALLAHASSEE, FL.

City & State  
TALLAHASSEE, FL.

Zip  
32308

Country  
USA

Zip  
32317

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3019089

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

VINCENT, PRICE H. JR.  
1909 CAPITAL CIR NE  
TALL FL 32308

560 Frank Shaw Rd  
Tallahassee, FL  
32312

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
VINCENT, PRICE H JR.  
560 FRANK SHAW RD  
TALLAHASSEE FL

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

**12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

Daytime Phone #

CR2E034 (10/02)