

2000 UNIFORM BUSINESS REPORT (UBR)

0001302 AF

DOCUMENT # L99000004620

1. Entity Name
THE TURNER LAW FIRM, L.L.C.

FILED

00 JAN 12 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1499 SOUTH HARBOR CITY BLVD.
MELBOURNE FL 32901

Mailing Address
700 S. BABCOCK ST., STE. 400
MELBOURNE FL 32901-1472



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
700 S. Babcock Street

3. Mailing Address
Same

Suite, Apt. #, etc.
Suite 400

City & State
Melbourne Florida

4. FEI Number ☒ Applied For
Not Applicable

Zip
32901

Country
Brevard

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAYMAN, CHRISTOPHER A
700 S. BABCOCK ST., STE. 400
MELBOURNE FL 32901

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME TURNER, SCOTT A
STREET ADDRESS 1499 SOUTH HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL 32901

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 700 S. Babcock Street Suite 400
CITY-ST-ZIP Melbourne FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Scott A. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)