

2001 UNIFORM BUSINESS REPORT (UBR)

0006117 AF

DOCUMENT # L99000004620

1. Entity Name

THE TURNER LAW FIRM, L.L.C.

FILED

01 MAR 12 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

700 S. BABCOCK STREET, SUITE 400
MELBOURNE FL 32901

Mailing Address

700 S. BABCOCK ST., STE. 400
MELBOURNE FL 32901

2. Principal Place of Business

7380 Murrell Rd.

Suite, Apt. #, etc.

Suite 103

City & State

Melbourne, FL

Zip

32940

Country

USA

3. Mailing Address

7380 Murrell Rd.

Suite, Apt. #, etc.

Suite 103

City & State

Melbourne, FL

Zip

32940

Country

USA

DO NOT WRITE IN THIS SPACE

MMJH

4. FEI Number

59-3587738
APPLIED FOR

Applied For

Not Applicable

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

Layman, Christopher A.

Street Address (P.O. Box Number is Not Acceptable)

7380 Murrell Rd.

Suite 103

City

Melbourne

FL

Zip Code

32940

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)

DATE

Christopher A. Layman

3-8-01

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 700 S. BABCOCK STREET, SUITE 400
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Turner, Scott A.
STREET ADDRESS 7380 Murrell Rd., Suite 103
CITY-ST-ZIP Melbourne, FL 32940 ☒ Change ☐ Addition

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

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

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

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

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

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

Scott A. Turner, Manager

3-8-01

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

Date

Daytime Phone #

CR2E083 (11/00)