

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004620

1. Entity Name

TURNER & LAYMAN, L.L.C.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90078 040 ****50.00

Principal Place of Business

7380 MURRELL ROAD, SUITE 103
MELBOURNE FL 32940

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

7380 MURRELL ROAD, STE 103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MELBOURNE, FL

4. FEI Number

59-3587738

Applied For

Not Applicable

Zip

Country

Zip

Country

32940

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAYMAN, CHRISTOPHER A
7380 MURRELL ROAD, SUITE 103
MELBOURNE FL 32940

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

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TURNER, SCOTT A
7380 MURRELL ROAD, SUITE 103
MELBOURNE FL 32940 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 4-5-02 (321) 9555501

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

Date

Daytime Phone #

CR2E083 (9/01)