

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90299 002 ***150.00

0031743

DOCUMENT # P00000000260

1. Entity Name

DOLLAR PLUS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**421 N. PALAFOX STREET
PENSACOLA FL 32501**

Mailing Address

**421 N. PALAFOX STREET
PENSACOLA FL 32501**

2. Principal Place of Business

3755 GULF BREEZE PKWY

Suite, Apt. #, etc.

Suite I + J

City & State

Gulf Breeze FL

Zip

32561

Country

USA

3. Mailing Address

3755 GULF BREEZE PKWY

Suite, Apt. #, etc.

Suite I + J

City & State

Gulf Breeze FL

Zip

32561

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

593637226

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHIBBS, SUZANNE N
421 N. PALAFOX STREET
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **Robert L. TURKONKOFF**

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

7986 CASTLE POINT WAY

City

PENSACOLA

FL

Zip Code
32506

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

Robert L. Turkonkoff
Signature, typed or printed name of registered agent and title, if applicable.

Robert L. TURKONKOFF

(NOTE: Registered Agent signature required when reinstating)

4/17/01
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President KATHLEEN TURKONKOFF 7986 CASTLE POINT WAY PENSACOLA, FL 32506	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President ROBERT L. TURKONKOFF 7986 CASTLE POINT WAY PENSACOLA, FL 32506	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L. Turkonkoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. TURKONKOFF

Date

4/17/01

Daytime Phone #

850-916-0363

CR2E034 (10/00)