

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90178 045 \*\*\*550.00

0089108 AV

**DOCUMENT #** P01000015412

**1. Entity Name**  
TURTLEHEAD, INC.



**Principal Place of Business**  
2115 ELMCREST PL  
OVIEDO FL 32765

**Mailing Address**  
2115 ELMCREST PL  
OVIEDO FL 32765

**2. Principal Place of Business**

4145 CALEDONIA AVE

**3. Mailing Address**

4145 CALEDONIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
APOPKA, FLORIDA

**City & State**  
APOPKA, FLORIDA

**4. FEI Number** 59-3699867

**Applied For**  
☐ Not Applicable

**Zip**  
32712

**Country**  
USA

**Zip**  
32712

**Country**  
USA

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

BOWDEN, ROBERT T  
2115 ELMCREST PLACE  
ORLANDO FL 32765

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** Robert T. Bowden PRES. 5-21-03  
Signature, typed or printed name of registered agent and not 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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** PRES ☐ Delete  
**NAME** BOWDEN, ROBERT T  
**STREET ADDRESS** 2115 ELMCREST PL  
**CITY-ST-ZIP** OVIEDO FL 32765

**TITLE** VP ☐ Delete  
**NAME** RAWLEIGH, SHANE I  
**STREET ADDRESS** 302 S. GRAHAM AVE.  
**CITY-ST-ZIP** ORLANDO FL 32803

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

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

**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:** Robert T. Bowden 5-21-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)