

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90109 001 \*\*\*150.00

**DOCUMENT # P01000023288**

1. Entity Name  
**TURNER RESEARCH, INC.**



Principal Place of Business  
**1530 HIGHLAND AVE  
JACKSONVILLE FL 32207**

Mailing Address  
**1530 HIGHLAND AVE  
JACKSONVILLE FL 32207**

2. Principal Place of Business  
**P.O. Box 126**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 126**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Graceville, FL**  
Zip **32440** Country **USA**

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**Graceville, FL**  
Zip **32440** Country **USA**

4. FEI Number **59-3603621**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TURNER, BRIDGET  
3991 PINTO ROAD  
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name **Turner, Bridget**  
Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 126 5338 Brown St.**  
City **GRACEVILLE** FL Zip Code **32440**

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 \_\_\_\_\_ (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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, DONALD W</b>	
STREET ADDRESS	<b>1530 HIGHLAND AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, MYRA J</b>	
STREET ADDRESS	<b>1530 HIGHLAND AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, BRIAN R</b>	
STREET ADDRESS	<b>3991 PINTO ROAD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, MICHAEL W</b>	
STREET ADDRESS	<b>195 OAK STREET</b>	
CITY-ST-ZIP	<b>CROSBY MI 39633</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1530 Highland Ave.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an other like empowered.

SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03 850 263-1900**  
Date Daytime Phone #

CR2E034 (10/02)