2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000053718

Entity Name: TURNER & BODIE, P.A.

Name:

Address:

City-St-Zip:

PATTERSON, ROGER A ESQUIRE

5933 VENETIAN BOULEVARD

ST. PETERSBURG, FL 33703

FILED Apr 08, 2003 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
PO BOX 5 ST. PETER	5548 RSBURG, FL	337325548			
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
PO BOX 5 ST. PETER	5548 RSBURG, FL	337325548			
FEI Number:	: 59-3741609	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1317 52NE ST. PETER The above	RSBURG, FL	33703 US	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
SIGNATOR		nic Signature of Registered Age	ent	Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TURNER, TON 1317 52ND AV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BODIE, THOM) Delete AS L ESQUIRE R LOOP DRIVE 33511	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	MR. O) Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TONY A. TURNER PRES 04/08/2003