

Page 1 of 2

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086341

1. Entity Name

Turner Phase I, Inc.

FILED

02 MAY 28 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4928 SW 165 Ave.

Suite, Apt. #, etc.

3. Mailing Address  
Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miramar, FL

City & State

4. FEI Number  
Applied For

Applied For  
Not Applicable

Zip  
33027

Country  
U.S.A.

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Lynn C. Washington, Esq.

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

c/o Holland & Knight LLP  
701 Brickell Avenue, Suite 3000

City  
Miami

FL

Zip Code 33131

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: *Lynn C. Washington*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/14/02  
DATE

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

January 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

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  
D/P/S/T  
Turner, Delon  
STREET ADDRESS  
4928 SW 165 Avenue  
CITY-ST-ZIP  
Miramar, FL 33027

TITLE  
NAME  
D  
Turner, Tonya  
STREET ADDRESS  
4928 SW 165 Avenue  
CITY-ST-ZIP  
Miramar, FL 33027

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Delon Turner*

Delon Turner, President

(305)789-7798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Delon Turner  
4928 SW 165<sup>th</sup> Avenue  
Miramar, FL 33027

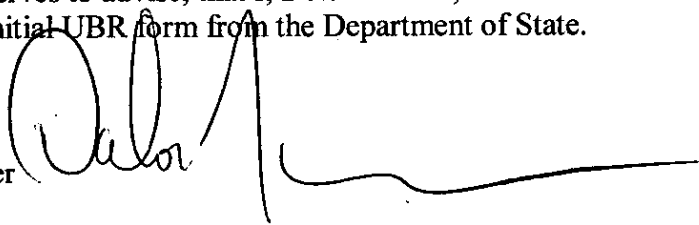
May 21, 2002

Dear ~~Ms. Lambert~~, *to whom it may concern*

This letter serves to advise, that I, Delon Turner, President of Turner Phase I did not receive an initial UBR form from the Department of State.

Sincerely,

Delon Turner

A handwritten signature in black ink, appearing to read 'Delon', followed by a long, horizontal, wavy line that extends to the right.