## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000057618

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: TURNER, SHARLINE

N MIAMI, FL 33161

13912 N E 13TH AVENUE

() Delete

FILED Apr 30, 2003 Secretary of State

Entity Na	me: TURNEF	R'S GIFTS & SPECIALTY S	STORE INC.				
Current Principal Place of Business:				New Principal Place of Business:			
13912 N E 13TH AVENUE N MIAMI, FL 33161				1268 NW 68TH STREET MIAMI, FL 33147			
Current Mailing Address:				New Mailing Address:			
13912 N E 13TH AVENUE N MIAMI, FL 33161				1268 NW 68TH STREET MIAMI, FL 33147			
FEI Number: 90-0041840 FEI Number Applied For ( )			) FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
THELON, 101 N W 6 MIAMI, FL	9TH STREET						
The above in the State	e named entity e of Florida.	submits this statement for	the purpose o	of changing in	ts registered	d office or registered agent, or bo	th,
SIGNATU		nic Signature of Registered	1 Agent			Date	_
		g Trust Fund Contribution ( ).	J	ADDITION	S/CHANGE	S TO OFFICERS AND DIRECT	rors:
Title: Name: Address: City-St-Zip:	PVD ( TURNER, MICH 13912 N E 13T N MIAMI, FL 3	'H AVENUE		Title: Name: Address: City-St-Zip:	PD TURNER, MI 1268 NW 68 MIAMI, FL 3	TH STREET	
Title: Name: Address: City-St-Zip:	S ( TURNER, OUIS 13912 N E 13T N MIAMI, FL 3	H AVENUE		Title: Name: Address: City-St-Zip:	S TURNER, OU 1268 NW 68 MIAMI, FL 3	TH STREET	
Title:	TD (	) Delete		Title:	TD	(X) 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:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

TURNER, SHARLINE 1268 NW 68TH STREET

TURNER, MICHAEL T JR.

1268 NW 68TH STREET

( ) Change (X) Addition

MIAMI, FL 33147

MIAMI, FL 33147

SIGNATURE: MICHAEL T. TURNER PD 04/30/2003