APR 25 2003 2:32 PM FR TO 5/

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Jun 19, 2003 8:00 am
Secretary of State
05-05-2003 90246 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059086 (L)

1. Entity Name
TURNER PHASE II, INC.

55049150

Principal Place of Business
4928 S.W. 165TH AVENUE
MIRAMAR, FL 33027

Mailing Address
4928 S.W. 165TH AVENUE
MIRAMAR, FL 33027

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4928 SW 165th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State
Zip: 33027 Country: USA	Zip Country

4. FEI Number: 03-0466157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WASHINGTON, LYNN C 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	Name: Tonya Turner Street Address (P.O. Box number is Not Acceptable): 4928 SW 165th Ave City: Miramar FL Zip Code: 33027

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 ______________________ 4-29-03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delon Turner, president 4928 SW 165th Ave Miramar, FL 33027 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tonya Turner, vice president 4928 SW 165th Ave Miramar, FL 33027 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______________________ 4-29-03 (305) 609-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #