


FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91868 019 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

00114006

<b>DOCUMENT # P02000059865</b>			
1. Entity Name <b>CANDLELYNN TURNER, INC.</b>			
Principal Place of Business 572403 ARBOR CLUB WAY BOCA RATON, FL 33433		Mailing Address 572403 ARBOR CLUB WAY BOCA RATON, FL 33433	
2. Principal Place of Business <b>2731 Silver Star Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>2731 Silver Star Road</b> Suite, Apt. #, etc.	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>	
Zip <b>32808</b>		Zip <b>32808</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>74-3045811</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>TURNER, CANDLELYNN</b> 572403 ARBOR CLUB WAY BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name <b>JACK E OWENS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2731 Silver Star Road</b> City <b>Orlando</b> FL Zip Code <b>32808</b>	
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 <b>Jack E Owens</b> DATE <b>4-29-03</b> <small>(NOTE: Registered Agent's signature required when instituting)</small>			
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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>TURNER, CANDLELYNN</b> STREET ADDRESS <b>572403 ARBOR CLUB WAY</b> CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>		TITLE <b>P</b> NAME <b>CANDLELYNN TURNER</b> STREET ADDRESS <b>2731 Silver Star Road</b> CITY-ST-ZIP <b>ORLANDO FLA 32808</b>	
TITLE <b>ST</b> NAME <b>OWENS, JACK E</b> STREET ADDRESS <b>2731 SILVER STAR ROAD</b> CITY-ST-ZIP <b>ORLANDO, FL 32808</b>		TITLE <b>ST</b> NAME <b>OWENS, JACK E</b> STREET ADDRESS <b>2731 SILVER STAR ROAD</b> CITY-ST-ZIP <b>ORLANDO, FL 32808</b>	
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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: <b>Jack E Owens</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <b>4-29-03</b> DAYTIME PHONE # <b>407-293-2654</b>	