APR 25 2003 2:32 PM FR TO 5/5/

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Jun 19, 2003 8:00 am
Secretary of State
05-05-2003 90246 002 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000067382

1. Entity Name
TURNER PHASE III, INC.

55049151

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

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

[redacted]

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

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0466158 — Applied For / Not Applicable

5. Certificate of Status Desired ✓ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WASHINGTON, LYNN C
701 BRICKELL AVE., STE. 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent
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: [signature] 4-29-2003
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: [signature] 4-29-2003 (305) 609-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

** TOTAL PAGE.04 **