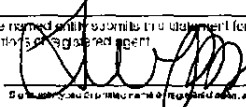
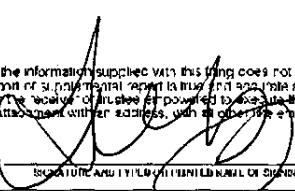


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000067382			
1. Entity Name TURNER PHASE III, INC.			
Principal Place of Business 4928 S.W. 165TH AVE. MIRAMAR, FL 33027		Mailing Address 4928 S.W. 165TH AVE. MIRAMAR, FL 33027	
2. Principal Place of Business 2217 N Commerce Parkway Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Weston, FL Zip 32397 Country USA		City & State Zip Country	
4. FFI 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 TURNER, RONYA 4928 SW 165TH AVE MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name Tonya Turner Street Address (P.O. Box Number is Not Acceptable) Same as above City FL Zip Code	
8. The above named entity submits this document 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 authority of registered agent.			
SIGNATURE 		DATE 9-2-03	
FILED NOW WITH FEE \$395.00 After May 1, 2003 fee will be \$580.00 Amended UBR is \$61.25 Fees Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME TURNER, DELON		NAME 10002273885	
STREET ADDRESS 4928 SW 165TH AVE		STREET ADDRESS 09/04/03--01005--001 **	
CITY-ST-ZIP MIRAMAR, FL 33027		CITY-ST-ZIP 1.25	
TITLE VP ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME TURNER, TONYA		NAME	
STREET ADDRESS 4928 SW 165TH AVE		STREET ADDRESS	
CITY-ST-ZIP MIRAMAR, FL 33027		CITY-ST-ZIP	
TITLE Secretary ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME Sabrina Baur		NAME	
STREET ADDRESS 4928 SW 165TH AVE		STREET ADDRESS	
CITY-ST-ZIP MIRAMAR, FL 33027		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 holder of an office 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 an otherwise empowered.			
SIGNATURE 		DATE 9-2-03 (305) 609-3709	
SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE OF SIGNING OFFICER OR DIRECTOR		DATE	

9/4/03