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03 SEP -4 PM 12: 37

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.
City & State: Weston, FL
Zip: 32397 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

X 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
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 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] DATE: 9-2-03

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	TURNER, DELON	4928 SW 165TH AVE	MIRAMAR, FL 33027	☐ Delete
VP	TURNER, TONYA	4928 SW 165TH AVE	MIRAMAR, FL 33027	☐ Delete
Secretary	Sabrina Bowie	4928 SW 165th Ave	Miramar, FL 33027	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

100022738851
09/04/03--01005--001 **61.25

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] 9-2-03 (305) 609-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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