

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-02-2003 90187 007 ***150.00

DOCUMENT # P02000100461



1. Entity Name
TURNING POINT ZONE, INC.

Principal Place of Business
16522 S.W. 114 COURT
MIAMI FL 33157

Mailing Address
16522 S.W. 114 COURT
MIAMI FL 33157

55050210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0157591

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, JOYCE M
16522 S.W. 114 COURT
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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.

\$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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
Joyce Marcia Dixon
16522 SW 114 Ct
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Vice-President
Colin Norman Dixon
16522 SW 114 Ct
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Secretary
Colin Roy Dixon
16522 SW 114 Ct
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 251-4591

305 255-1740

CR2E034 (10/02)

Attachment

55050210

#P02000100461

TURNING POINT ZONE, INC.
16522 SW 114TH COURT
MIAMI, FLORIDA 33157

May 29, 2003

Florida Department of State
Division of Corporation
Po Box 1500
Tallahassee, FL 32399-1500

Doc # P02000100461

To Whom It May Concern:

This letter is following my conversation with your department this morning, to request a fee waiver as advised by an agent of your department.

Due to severe illness and hospitalization of an immediate family member, I was out of the State for the earlier part of the 2003-year, and was unaware of the filing of this form and therefore did not leave instructions with anyone. My business was temporarily closed as a result of my absence.

As advised, I am enclosing a check in the amount of \$150.00 for Turning Point Zone, Inc. Please accept my payment and be assured that this would not be a reoccurring event as I have requested that the forms be mailed to my accountant/registered agent.

Thanking you in advance for your understanding in this matter.

Regards,

FTD ADDRESS CHANGE

An address change here changes your
address on the FTD coupons only.

Employer Identification Number (EIN)

OMB No. 1545-0257

30-0157591 221812 4 3

TURNING POINT ZONE INC

AFIMI

16522 SW 114TH CT

MIAMI FL 33157-2729

INTERNAL REVENUE SERVICE CENTER
CINCINNATI, OH 45999

Send FTD Address Change and correspondence to the IRS address above.