

**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000116848**  
**1. Entity Name**  
 Turner Enterprises of Indian River, Inc.

**2. Principal Place of Business**      **3. Mailing Address**

**21** P.O. Box 650724  
 Suite, Apt. #, etc.      **26** Suite, Apt. #, etc.

**22**      **27** City & State

**23** Vero Beach FL      **28** Zip      County

**24** 32965      **25** INDIAN RIVER

FILED

03 OCT 16 PM 4:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

800024211648  
 10/28/03--01062--003 \*\*150.00

**4. FEI Number**      **Applied For**  
 06-1655999      Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

Corporate Creations Network Inc.  
 941 Fourth Street  
 Miami Beach, FL 33139

**81**      **82** Street Address (P.O. Box Number is Not Acceptable)  
**83**      **84** FL

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

**SIGNATURE**

Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so**  **FILE NOW!!! FEE IS \$130.00** **10. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May be added to Fees**  
After MAY 1, 2000 Fee will be \$350.00 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D, P William C. Turner P.O. Box 650724 Vero Beach, FL 32965 <input type="checkbox"/> DELETE	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D, VP Jane R. Turner P.O. Box 650724 Vero Beach, FL 32965 <input type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D, T Harry Y. Righton P.O. Box 650724 Vero Beach, FL 32965 <input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I do 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 annual report or supplemental annual 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 11 or Block 12, or on attachment with an address.

**SIGNATURE** *William C. Turner*      **DATE** 10.10.03      **REGISTRATION NUMBER** (72)299.4410

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Turner Enterprises of Indian River, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: William C. Turner

Name: William C. Turner

Title: Director

Date: 10-10-03