

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90178 031 ***550.00

DOCUMENT # P12881

1. Entity Name
TURNER RENTALS, INC.



Principal Place of Business
**2990 A APPALACHEE PARKWAY
TALLAHASSEE FL 32301
US**

Mailing Address
**P.O. BOX 687
PELHAM GA 31779**

2. Principal Place of Business

3. Mailing Address

P.O. Box 7646

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tifton GA

Zip

Country

31792

USA

4. FEI Number **58-1652540**

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

**TURNER, SCOTT R JR
1425 VILLAGE SQUARE BLVD
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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 reinstating)

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

TITLE **PD** ☐ Delete
NAME **TURNER, SCOTT R.**
STREET ADDRESS **310 PALMER STREET**
CITY-ST-ZIP **PELHAM GA**

TITLE **TD** ☐ Delete
NAME **TURNER, SCOTT JR**
STREET ADDRESS **1425 VILLAGE SQ. BLVD.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **S** ☐ Delete
NAME **HANCOCK, SHERRY S.**
STREET ADDRESS **812 S. BROAD #1**
CITY-ST-ZIP **THOMASVILLE GA 31792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **302 Sutton Rd**
CITY-ST-ZIP **Tifton GA 31794**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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

5/21/03 2293879310
Date Daytime Phone #

CR2E034 (10/02)