

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24085

1. Entity Name

TURNER SCULPTURE, LTD. INCORPORATED

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90042 028 ***150.00

Principal Place of Business

Mailing Address

BOX 128
ONLEY VA 23418

BOX 128
ONLEY VA 23418-0128

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 **54-1132631**

Applied For

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

HKES&F REGISTERED AGENT CORP.
2601 S BAYSHORE DR
STE 600
MIAMI FL 33133

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------------|---------------------|-------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| VP | TURNER, WILLIAM H. | RT. 13, BOX 128 | ONLEY VA 23418 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| P | TURNER, DAVID H. | 5 GRACE STREET | ONANCOCK VA 32417 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| S | JESTER, CYNTHIA K. | RT. 13, BOX 447 | ONLEY VA | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| T | DRUMMOND, MELVIN E JR. | 14308 DRUMMOND LANE | PAINTER VA | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered:

SIGNATURE:

Melvin E. Drummond Jr.
MELVIN E. DRUMMOND JR., TREASURER

Date

Jan. 29, 2000

Daytime Phone #

757-787-2818

CR2E034 (9/99)