2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24085

1. Entity Name

TURNER SCULPTURE, LTD. INCORPORATED

Principal Place of Business	Mailing Address					
BOX 128 ONLEY VA 23418	BOX 128 ONLEY VA 23418					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
O:1 . 0 O4-4-	0.000					

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90118 003 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, et			Suite, Apt. #, etc.	tc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. F8	El Number	ımber 54-1132631				pplied For at Applicable	
Zip		Country	Zip	ntry	5. C	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name	and Address of Current F	Registered Agent			7. Na	ame and A	ddress of Nev	/ Register	ed Ag	jent	
			•		Name							
HKES&F REGISTERED AGENT CORP. 2601 S BAYSHORE DR					Street Address (P.O. Box Number is Not Acceptable)							
STE 6												
MIAMI	l FL 33133											
					City				F	Zip Code		
			the purpose of changing its						·····			
SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	ed Agent signature n				DA	TE		
			After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 lake Check Payable to Department of Sta								
11.		OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/C	HANGES TO C	FFICERS.	AND [DIRECTOR	S IN 11
TITLE	VΡ		☐ Delete	TITL	E						☐ Change	Addition
NAME		WILLIAM H.	□ Detete	NAN							Gridinge	L Addition
	RT. 13, B				REET ADDRESS							
CITY-ST-ZIP	ONLEY V	A 23148		CIL	Y-ST-ZIP							
TITLE	P		☐ Delete	TITE	LE						Change	Addition
NAME	TURNER,	DAVID H.		NAM	νIE							
STREET ADDRESS	5 GRACE	STREET		STR	REET ADDRESS							
CITY-ST-ZIP	ONANCO	CK VA 32417		CIT	Y-ST-ZIP							
TITLE	S		☐ Delete	דוד	16						Change	Addition
NAME		CYNTHIA K.	The Defete	NA							L.J. Criange	L Addition
STREET ADDRESS					REET ADDRESS							
CITY-ST-ZIP	ONLEY W			1	Y-ST-ZIP							
0111-31-211	T UNLET V	<u> </u>		-1-			<u> </u>				<u> </u>	
TITLE	1	ND MENANT IS	☐ Delete	TIT	LE						☐ Change	Addition
NAME		ND, MELVIN E JR.		NA	ME							
STREET ADDRESS		RUMMOND LANE		STF	REET ADDRESS							
CITY-ST-ZIP	PAINTER	VA		CIT	TY-ST-ZIP							
TITLE			☐ Delete	TIT	LE						☐ Change	Addition
NAME					ME							
STREET ADDRESS				1	REET ADDRESS							
CITY-ST-ZIP					TY-ST-ZIP							
 	 	 	<u> </u>									
TITLE			☐ Delete	1	TLE						☐ Change	Addition
NAME					IME							
STREET ADDRESS					REET ADDRESS							
CITY-ST-ZIP			<u> </u>	CIT	TY-ST-ZIP							
							440 07/01/0					

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.

///

MELVIN E. JIM GMM OND, JR., IREA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Feb. 20,200

757-787-2818

Daytime Phone #

CK2E034 (10/00