## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Zip Country Zip Country 5. Certificate of Status Desired Agent Turkk, CAROL S Street Address (P.O. Box Number is Not Acceptable)  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 Hypature required when ministating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criterica on back)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (Make Check Payable to Department of State 100 State	1. Entity Na				<del></del>			
Principal Place of Business 1235 MiCHIGAN AVENUE PALM HARBOR R. 34833  Asiling Address P. D. BOX 1379 PALM HARBOR R. 34832-1379  Applit HARBOR R. 34833  Asiling Address Suite, Apt. #, etc.  City & State  City & S		ame	FILED					
Principal Place of Business 123 Michigan AutRNuE PALM HARBOR Ft. 34683 PALM HARBOR Ft. 34682 PALM HARBOR Ft. 34682 PALM HARBOR Ft. 34682 PALM HARBOR Ft. 34682  2. Principal Place of Business 3. Meilling Address Suite, Apt. #, etc. Do Not Writte in Thils Space  City & State City & State City & State Country Zip Country Zip Country Size Country Country Country Country Country Display Country Count								
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  5. Certificate of Status Desired  \$8.75 Adding Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. 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, byted or promed name of registered agent and title # applicable  NOTE Registered Agent signature required Amer remittating)  OATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (She criteria on back)  Tax filing requirement and elects to do so.  (She criteria on back)  Turnet Fund Contribution  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  Turnet Address (P.O. Box Number is Not Acceptable)  DATE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  TURK, CAROL S  STREET ADDRESS  STREET ADDR	1235 MICHIGAN AVENUE		P O BOX 1379		<b>→</b>			
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  5. Certificate of Status Desired  \$8.75 Adding Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. 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, byted or promed name of registered agent and title # applicable  NOTE Registered Agent signature required Amer remittating)  OATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (She criteria on back)  Tax filing requirement and elects to do so.  (She criteria on back)  Turnet Fund Contribution  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  Turnet Address (P.O. Box Number is Not Acceptable)  DATE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  TURK, CAROL S  STREET ADDRESS  STREET ADDR								
City & State	2. Principal Place of Business		3. Mailing Address				i inne merete	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  TURK, CAROL S  1235 MICHIGAN AVENUE PALM HARBOR FL 34683  City FL Zip Code  6. 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, bysed or printed name of registered agent and tall of applicable (MOTE Registered Agent signature required when reinstating)  After May 1, 2002 Fee will be \$\$55.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE TURK, CAROL S  SIREET ADDRESS  1235 MICHIGAN AVENUE PALM HARBOR FL 34683  TURK, CAROL S  SIREET ADDRESS  CITY-ST-ZIP PALM HARBOR FL 34683  TURK ICHARD H UNIT 2437 LODGE 11, 36750 US 19 N PALM HARBOR FL 34683  TILE  OBEIGE  TITLE  NAME SIREET ADDRESS  CITY-ST-ZIP  PALM HARBOR FL 34683  TITLE  NAME SIREET ADDRESS  CITY-ST-ZIP  PALM HARBOR FL 34683  TITLE  NAME SIREET ADDRESS  CITY-ST-ZIP  PALM HARBOR FL 34683  TITLE  Change  TITLE  NAME SIREET ADDRESS  CITY-ST-ZIP  PALM HARBOR FL 34683  TITLE  Change  Ch	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Signature, typed or posted name of registered agent and title if applicable.  To the above named entity submits this statement for the purpose of changing its registered dent signature required when reinstaine)  Signature, typed or posted name of registered agent and title if applicable.  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 is registered agent, or both, in the State of Florida.  Signature, typed or posted name of registered agent and title if applicable.  (MOTE Registered Agent signature required when reinstains)  DATE  9. This corporation is eligible to satisfy its Intangible Tak filling requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  Aft	City & State		City & State		4. FEI Number 59-3230557	4. FEI Number 59-3230557 Applied For Not Applied by		
6. Name and Address of Current Registered Agent  TURK, CAROL S 1235 MICHIGAN AVENUE PALM HARBOR FL 34683  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 stee if applicable  9. This corporation is eligible to satisfy its Intangible Tak filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRREI ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683  CITY-ST-ZIP PALM HARBOR FL 34683  Delete TITLE VPD TURK, RICHARD H UNIT 2437 LODGE 11, 36750 US 19 N PALM HARBOR FL 34683  Delete TITLE NAME SIRREI ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683  Delete TITLE NAME SIRREI ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683  TURK, CAROL S SIRREI ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683  CITY-ST-ZIP PALM HARBOR FL 34683  CITY-ST-ZIP PALM HARBOR FL 34683  CITY-ST-ZIP Change Chang	Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Ac	Iditional	
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