FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am DOCUMENT # P9400000229 **Secretary of State** 1. Entity Name TURNER & ASSOCIATES, INC. 01-29-2001 90098 041 ***150.00 Principal Place of Business Mailing Address 801 NE 3RD ST -801-NE-3RD-ST DANIA FL 33004 DANIA FL 33004 --2. Principal Place of Business 3. Mailing Address 6231 SW 184 Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0456866 Ft. Lander dale, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33332 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, JEFFREY C SR Street Address (P.O. Box Number is Not Acceptable) 801 NE 3RD ST DANIA FL 33004-Zip Code **3333** 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Delete TITLE NAME NAME TURNER, JEFFREY C SR 6231 SW 186 Way STREET ADDRESS STREET ADDRESS 801 NE 3RD ST CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33332 DANIA FL 33004 -TITLE Delete NAME allaire, thomas a sr NAME STREET ADDRESS STREET ADDRESS 801 NE 3RD ST CITY-ST-ZIP CITY-\$1-ZIP DANIA FL 33004 Sectiveas" TITLE TITLE Addition: Sec. Treas Thance -Carla Turner way Carla Turner NAME NAME 6231 SW 186 Way STREET ADDRESS STREET ADDRESS Ft. Lauderdale , FL. 33332 Ft. Lauderdale, FL 33332 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: Jeffer C. Jussen

TURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

954-680 - 6/28