

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90013 039 ***150.00

DOCUMENT # P94000000229

1. Entity Name

TURNER & ASSOCIATES, INC.

Principal Place of Business

~~801 NE 3RD ST~~
~~DANIA FL 33004~~

Mailing Address

6231 SW 186 WAY
FORT LAUDERDALE FL 33332

2. Principal Place of Business

6231 SW 186 WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33332

Country

Zip

Country

4. FEI Number

65-0456866

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, JEFFREY C SR
6231 SW 186 WAY
FORT LAUDERDALE FL 33332

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, JEFFREY C SR	
STREET ADDRESS	6231 SW 186 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TURNER, CARLA	
STREET ADDRESS	6231 SW 186 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Carla Turner CARLA TURNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/7/02
Date954-680-6128
Daytime Phone #

CR2E034 (9/01)