

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075069

1. Entity Name
DIANE TURTON, REALTY INC.

Principal Place of Business
50 BEACH RD
UNIT 402
TEQUESTA FL 33469

Mailing Address
50 BEACH RD
UNIT 402
TEQUESTA FL 33469

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

NOT APPLICABLE

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

TURTON, DIANE S
50 BEACH RD
UNIT 402
TEQUESTA FL 33469

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)

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FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TURTON, DIANE S
STREET ADDRESS 50 BEACH RD UNIT 402
CITY-ST-ZIP TEQUESTA FL 33469

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME TURTON, ALAN B
STREET ADDRESS 50 BEACH RD UNIT 402
CITY-ST-ZIP TEQUESTA FL 33469

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME TURTON, DAVID
STREET ADDRESS 50 BEACH RD UNIT 402
CITY-ST-ZIP TEQUESTA FL 33469

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90003 031 ***550.00

0091262 AV



DO NOT WRITE IN THIS SPACE

CR2034 (5/01)