

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90081 013 \*\*\*150.00

**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**



☐ CHECK HERE IF MAKING CHANGES

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		<input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	TURTON, DIANE S	NAME	
STREET ADDRESS	50 BEACH RD UNIT 402	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	TURTON, ALAN B	NAME	
STREET ADDRESS	50 BEACH RD UNIT 402	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	TURTON, DAVID	NAME	
STREET ADDRESS	50 BEACH RD UNIT 402	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)