

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90062 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P96000002395</b>			
<b>1. Entity Name</b> ROSIE A TURNER BROKERAGE CORPORATION			
<b>Principal Place of Business</b> 5900 MIDNIGHT PASS ROAD SARASOTA FL 34242-8708		<b>Mailing Address</b> 5900 MIDNIGHT PASS ROAD SARASOTA FL 34242-8708	
<b>2. Principal Place of Business</b> 333 Tamiami Trail Suite, Apt. #, etc. Suite 294 City & State Venice, Florida		<b>3. Mailing Address</b> 5920 Midnight Pass Rd. Suite, Apt. #, etc. T101 City & State SARASOTA, FLORIDA	
<b>Zip</b> 34285	<b>Country</b> SARASOTA	<b>Zip</b> 34242	<b>Country</b> SARASOTA
<b>4. FEI Number</b> 65-0648506		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> TURNER, ROSIE A 5900 MIDNIGHT PASS ROAD SARASOTA FL 34242-8708		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> <i>Rosie A. Turner</i> ROSIE A. TURNER		<b>DATE</b> 1/07/01	
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, ROSIE A. <del>5900 MIDNIGHT PASS ROAD</del> SARASOTA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>Rosie A. Turner</i> ROSIE A. TURNER		<b>DATE</b> 1/07/01	<b>Daytime Phone #</b> 941-349-8626

CR2E034 (10/00)