

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90062 038 ***150.00

DOCUMENT # P96000002395

1. Entity Name
ROSIE A TURNER BROKERAGE CORPORATION



Principal Place of Business
333 TAMiami TRAIL
STE 294
VENICE FL 34295

Mailing Address
~~5900 MIDNIGHT PASS ROAD~~
~~T101~~ **3743 COLLINS ST,**
SARASOTA FL 34232



2. Principal Place of Business

3. Mailing Address
3743 COLLINS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA

4. FEI Number 65-0648506

Applied For
Not Applicable

Zip

Country

Zip
34232

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, ROSIE A
~~5900 MIDNIGHT PASS ROAD~~ **3743 COLLINS ST,**
~~5920 RPT T101~~
~~SARASOTA FL 34242-0708~~ **SARASOTA FL 34232**

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 *Rosie A. Turner*
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TURNER, ROSIE A.**
STREET ADDRESS ~~5900 MIDNIGHT PASS ROAD~~ **3743 COLLINS**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: *Rosie A. Turner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 941-362-7902
Date Daytime Phone #

CR2E034 (10/02)