

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014972

1. Entity Name

TURNKEY MARINE INC.

Principal Place of Business
1100 OVERSEAS HIGHWAY
MARATHON FL 33050

Mailing Address
1100 OVERSEAS HIGHWAY
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
MANZ, DAVID L
5800 OVERSEAS HWY
STE 40
MARATHON FL 33050

4. FEI Number **65-0647238** Applied For
Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

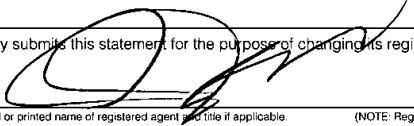
2000004741362-8

-12/27/01-01047-002

City ****750.00 ****600.00

PL

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME RIEGOR, JOHN C
STREET ADDRESS 1100 OVERSEAS HWY
CITY-ST-ZIP MARATHON FL 33050

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME RIEGOR, SANDRA
STREET ADDRESS 1100 OVERSEAS HWY
CITY-ST-ZIP MARATHON FL 33050

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

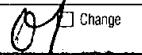
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

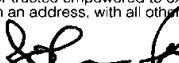
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

REINSTATEMENT 

CR2034 (10/00)

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

Daytime Phone #

John Rieger 01/20/01 (305) 743-2502

0120682