

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90078 035 \*\*\*150.00

0468073 AV

**DOCUMENT # P96000056828**  
 1. Entity Name  
**TURNKEY RESOURCES, INC.**

Principal Place of Business <b>2310 A-Z PARK ROAD SUITE C-5 LAKELAND FL 33801 US</b>	Mailing Address <b>P. O. DRAWER 988 SUITE C-5 LAKELAND FL 33801 US</b>
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**80061415**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3426970</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee-Required</b>

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

**HODGES, RICKY T**  
**2310 A-Z PARK ROAD**  
**SUITE C-5**  
**LAKELAND FL 33801**

**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.

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME <b>D HOUSER, LYNN</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>2310 A-Z PARK ROAD</b>	
CITY-ST-ZIP <b>LAKELAND FL 33801</b>	
TITLE NAME <b>D BENNETT, ALLEN C</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>2310 A-Z PARK ROAD</b>	
CITY-ST-ZIP <b>LAKELAND FL 33801</b>	
TITLE NAME <b>S CLARKE, THOMAS L JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>2310 A-Z PARK ROAD</b>	
CITY-ST-ZIP <b>LAKELAND FL 33801</b>	
TITLE NAME <b>VTD HANSELMAN, JOHN D</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>2310 A-Z PARK ROAD</b>	
CITY-ST-ZIP <b>LAKELAND FL 33801</b>	
TITLE NAME <b>D SIPE, CAROL P</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>2310 A-Z PARK ROAD</b>	
CITY-ST-ZIP <b>LAKELAND FL 33801</b>	
TITLE NAME <b>PD HODGES, RICKY T</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>2310 A-Z PARK ROAD</b>	
CITY-ST-ZIP <b>LAKELAND FL 33801</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME <b>AS DEBORAH A. GISS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>175 BERKELEY ROAD</b>	
CITY-ST-ZIP <b>BOSTON, MA 02117</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Ricky T. Hodges* **Ricky T. Hodges, Pres./Director** 4/1/02 863-665-6060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)