

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

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91200 022 \*\*\*150.00

DOCUMENT # **P96 000058317**  
1. Entity Name **TURTLE BAS INC.**

**DO NOT WRITE IN THIS SPACE**

DUPLICATE

2. Principal Place of Business **39 ST THOMAS DR**  
Suite, Apt. #, etc.

3. Mailing Address **39 ST THOMAS DR**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **PALM BEACH GARDENS FL** City & State **PALM BEACH GARDENS FL** 4. FEI Number **65 068 6514** Applied For  Not Applicable   
Zip **33418** Country **PALM BEACH** Zip **33418** Country **PALM BEACH** 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **David Trombley**  
Street Address (P.O. Box Number is Not Acceptable)  
**39 ST THOMAS DR**  
City **PALM BEACH GARDENS FL** Zip Code **33418**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>President DAVID TROMBLEY 39 ST THOMAS DR PALM BEACH GARDENS FL 33418</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **David Trombley** *David Trombley* **5-31-02 561625-4346**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)