

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90030 045 \*\*\*150.00

**DOCUMENT # P96000075878**

1. Entity Name  
**TURNING POINT INCORPORATED**

Principal Place of Business Mailing Address  
**5439 BEAUMONT CENTER BLVD STE 1010 TAMPA FL 33634**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6227 Sheldon Rd**  
 Suite, Apt. #, etc.

3. Mailing Address **6227 Sheldon Rd**  
 Suite, Apt. #, etc.

City & State **Tampa FL** City & State **Tampa FL**  
 Zip **33615** Country **Hillsborough** Zip **33615** Country **Hillsborough**

4. FEI Number **59-3445237** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**RATCLIFF, MICHELLE**  
**8828 S LAGOON STREET**  
**TAMPA FL 33615**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable) **9803 Memorial Highway**  
 City **Tampa** State **FL** Zip Code **33615**

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 *Michelle Ratcliff-Castellano* DATE **1-31-02**  
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.  (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, STREET ADDRESS, CITY-ST-ZIP	<b>PD RATCLIFF, MICHELLE 8828 S LAGOON STREET TAMPA FL 33615</b> <input type="checkbox"/> Delete
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<b>TD MCKAY, MARIA 305 S. AUDUBON ST TAMPA FL 33609</b> <input checked="" type="checkbox"/> Delete
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<b>V.D.M. Robin Piper 9958 Stockbridge Dr Tampa, FL 33626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<b>PD Ratcliff-Castellano 9803 Memorial Highway Tampa FL 33615</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *[Signature]* Date **1-31-02** Daytime Phone # **813-82-3003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)