

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095121

1. Entity Name

TURNER EXPRESS, INC.

Principal Place of Business

16700 ORANGE AVENUE  
FT PIERCE FL 34945  
US

Mailing Address

16700 ORANGE AVENUE  
FT PIERCE FL 34945  
US

2. Principal Place of Business

3250 Kings Hwy.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2888  
Suite, Apt. #, etc.

City & State

FT. PIERCE FL

City & State

FT. PIERCE FL

Zip

34954

Country

ST. LUCIE

Zip

34954

Country

ST. LUCIE

6. Name and Address of Current Registered Agent

TURNER, JOHN W.  
16700 ORANGE AVENUE  
FT PIERCE FL 34945

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, 2001 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 D  
NAME TURNER, JOHN W  
STREET ADDRESS 16700 ORANGE AVE.  
CITY-ST-ZIP FT PIERCE FL 34945 ☐ Delete

TITLE DPVS  
NAME TURNER, JOHN W  
STREET ADDRESS 16700 ORANGE AVENUE  
CITY-ST-ZIP FORT PIERCE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90083 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0661206

CR2E034 (10/00)

561-464-9793