

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-05-2001 90368 015 ***150.00

DOCUMENT # P96000099947

1. Entity Name

N.B. TURNER ENTERPRISES, INC.

Principal Place of Business

5026 KESTRAL PKWY SO.
 SARASOTA FL 34231
 US

Mailing Address

5026 KESTRAL PKWY SO.
 SARASOTA FL 34231
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0721381**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENSON, LEE
4 WEST OAK STREET, SUITE E
ARCADIA FL 33821

Name **BAYNE Stevenson**
 Street Address (P.O. Box Number is Not Acceptable)
.3521 Shore Lane
 City **Boca Grande** FL Zip Code **33921**

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

Lee Stevenson *Bayne Stevenson* **3.17.01** **2.28.01**
 Signature, typed or printed name of registered agent and date (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	<input type="checkbox"/> Delete
NAME	TURNER, NANETTE B	
STREET ADDRESS	5026 KESTRAL PARKWY SOUTH	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENSON, BAYNE	
STREET ADDRESS	35 SOUTH MAIN STREET	
CITY-ST-ZIP	HANOVER NH 03755	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENSON, DAVID	
STREET ADDRESS	RFD ROUT-15, BOX 4145	
CITY-ST-ZIP	HYDE PARK VT 05655	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENSON, LEE	
STREET ADDRESS	4 WEST OAK STREET, SUITE E	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Nanette B Turner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/01 **941-922-0019**

CR2E034 (10/00)