

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020277

1. Entity Name

TURNER & ASSOCIATES MARKETING INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90177 015 ***150.00

Principal Place of Business

Mailing Address

421 EVESHAM PLACE
LONGWOOD FL 32779

421 EVESHAM PLACE
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

740 FLORIDA CENTRAL PKWY

740 FLORIDA CENTRAL PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2048

2048

City & State

City & State

LONGWOOD FL

LONGWOOD FL

Zip

Zip

Country

Country

32750

32750



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3431443

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

TURNER, DEBBIE
421 EVESHAM PLACE
LONGWOOD FL 32779

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P TURNER, DEBBIE 421 EVESHAM PLACE LONGWOOD FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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 #

2-17-2000 339-4814

CR2E034 (9/99)