2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90187 008 ***150.00

DOCUMENT # P97000063113

1. Entity Name

SANDRA R. TURNER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2 LAWN STREET OVIEDO FL 32765 US	P O BOX 621582 OVIEDO FL 32762-582 US

D0041194

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Oviedo, FL - Same	P.O. Box 622857
Suite, Apt. #, etc. as above	Suite, Apt. #, etc. Oviedo, FL
City & State	City & State
Zip / Country	Zip 32762-2857 Country USA

4. FEI Number 59-3458014 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, SANDRA R
1080 SHAFFER TRL.
ORLANDO FL 32765

7. Name and Address of New Registered Agent

Name: Sandra R. Turner
Street Address (P.O. Box Number is Not Acceptable): 2635 Falmouth Rd.
City: Maitland, FL FL Zip Code 32751

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] 4/17/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST TURNER, SANDRA R 1080 SHAFFER TRL. ORLANDO FL 32765 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST TURNER, SANDRA R. 2635 Falmouth Rd Maitland, FL 32751 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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] 4/17/01 407-365-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)