

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90194 030 ***150.00

0126965 AT

DOCUMENT # P97000063113

1. Entity Name
SANDRA R. TURNER & ASSOCIATES, INC.



Principal Place of Business
**2 LAWN STREET
OVIEDO FL 32765
US**

Mailing Address
**P O BOX 622857
OVIEDO FL 32762-2857
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3458014**

Applied For
Not Applicable

Zip

Country

Zip

Country

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, SANDRA R
2635 FALMOUTH RD
MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

91 Tarpon Circle

City

Winter Springs

FL

Zip Code

32708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandra R Turner
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/29/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**
NAME **TURNER, SANDRA R**
STREET ADDRESS **2635 FALMOUTH RD**
CITY-ST-ZIP **MAITLAND FL 32751**

☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/29/03

CR2E034 (4/03)



Attachment

80143076
P97000063113

Retirement Plan Specialists, Inc.
Employee Benefits Administrators, Actuaries & Consultants

2 Lawn Street
P.O. Box 622857
Oviedo, Florida 32762-2857

407-365-3490 (office)
407-366-5154 (fax)
1-800-618-1813 (tollfree)

Visit us at www.webpensionplans.com

August 29, 2003

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 3234

RE: Sandra R. Turner & Associates, Inc.
Document Number: P97000063113
EIN: 59-3458014

Dear Sir/Madame:

We are a small administrative services company with three employees. We diligently comply with all filing requirements, however, it appears that we never received the original UBR. According, it was never filed. If we have received the report we would have filed it timely.

Since we did not received the initial report, we are hereby requesting that the attached report be accepted as timely filed and that the late penalty be waived.

Your cooperation and assistance in this matter is greatly appreciated

Sincerely,


Sandra R. Turner CPC QPA