

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094847

1. Entity Name

TURNKEY PROPERTIES, INC.

Principal Place of Business

5020 NE 24 AVE
LIGHTHOUSE POINT FL 33064

Mailing Address

5020 NE 24 AVE
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

1819 NE 25th Street

Suite, Apt. #, etc.

3. Mailing Address

1819 NE 25th Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

Country

33064

USA

City & State

Lighthouse Point, FL

Zip

Country

33064

USA

4. FEI Number

65-0797296

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

FRIEND, CHARLES S
3120 HOLIDAY SPRINGS BLVD, #108
MARGATE FL 33063

Name

MICHAEL FRIEND

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

2342 28th Street

City

Lighthouse Point FL

Zip Code

33064

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRIEND, CHARLES S
3120 HOLIDAY SPRINGS BLVD, #108
MARGATE FL 33063 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MICHAEL FRIEND
2342 28th Street
Lighthouse Point, FL 33064 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
NAME
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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
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91100 035 ***158.75

00047004



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)