## 2003 FOR PROFIT CORPORATION

## Mar 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P97000107570 DOCUMENT # 1. Entity Name 03-03-2003 90975 035 \*\*\*150.00 PHIL TURNER FARMS, INC. Principal Place of Business Mailing Address 70024116 1999 NE LIVINGSTON ST. 1999 NE LIVINGSTON ST. ARCADIA FL 34266 ARCADIA FL 34266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3483989 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, PHILIP W Street Address (P.O. Box Number is Not Acceptable) 1999 NE LIVINGSTON ST. ARCADIA FL 34266 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE Change ☐ Addition NAME TURNER, PHILIP W NAME STREET ADDRESS 1999 NE LIVINGSTON STREET STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME TURNER, PHILIP W JR STREET ADDRESS **4067 NE MASTERS AVENUE** STREET ADDRESS CITY-ST-7IP ARCADIA FL 34266 CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change Addition NAME MCKETTRICK, LIBBY T NAME STREET ADDRESS 1922 NE LIVINGSTON STREET STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Kettuckeibbyn E. McKettrick

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(863) 494-3700

☐ Change

**FILED** 

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