## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P98000031258 1. Entity Name TURN-KEY INTERNATIONAL, INC. 05-04-2001 90047 044 \*\*\*158.75 Principal Place of Business Mailing Address 2194 MAIN STREET STE. K 2194 MAIN STREET STE. K **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address KICHMOND Suite. Apt. # . etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State City & State Applied For 4. FEI Number 59-3503006 DUNEDIN Not Applicable 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 REIDY, ROY M Street Address (P.O. Box Number is Not Acceptable) 2194 MAIN STREET STE. K **DUNEDIN FL 34698** Zip Code FL 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. X (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible --10.-Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SPD ☐ Change Addition ☐ Delete TITLE REIDY, ROY M NAME NAME STREET ADDRESS 2194 MAIN STREET STE. K STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 line empowered.

SIGNATURE: 34 777 1736-6456