

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90485 025 ***150.00

DOCUMENT # P98000038985

1. Entity Name

TURNER TRUCKING, INC.

Principal Place of Business

16354 E. ALAN BLACK BLVD.
 LOXAHATCHEE FL 33470

Mailing Address

16354 E. ALAN BLACK BLVD.
 LOXAHATCHEE FL 33470

2. Principal Place of Business

3020 Fairlane Farms Rd

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite one

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Zip

33414

Country

Palm Bch.

Zip

Country

4. FEI Number

65-0845766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

D'ANGIO, ROBERT A

685 ROYAL PALM BEACH BLVD.

STE. 105

ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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, 2002 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

TITLE: DP
 NAME: TURNER, RANDALL
 STREET ADDRESS: 16354 E. ALAN BLACK BLVD.
 CITY-ST-ZIP: LOXAHATCHEE FL 33470 ☐ Delete

TITLE: DST
 NAME: TURNER, MICHELE
 STREET ADDRESS: 16354 E. ALAN BLACK BLVD.
 CITY-ST-ZIP: LOXAHATCHEE FL 33470 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 NAME: ☐ Delete
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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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 of Office Manager
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E034 (9/01)