

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

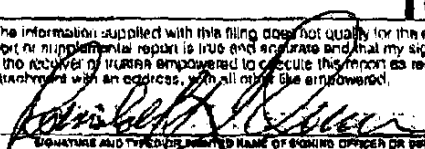
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SECRETARY OF STATE
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DOCUMENT # P98000038985			
1. Entry Name TURNER TRUCKING, INC.			
Principal Place of Business 3000 PATRONE PARKS ROAD SUITE ONE WELLINGTON FL 33414		Mailing Address 3000 PATRONE PARKS ROAD SUITE ONE WELLINGTON FL 33414	
2. Principal Place of Business 9938 Woodwin Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 212469 Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State Royal Palm Beach	
Zip 33467 Country USA		Zip 33421 Country USA	
4. FEI Number 65-0845768		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 885 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, I print or printed name of registered agent and its if applicable (NOTE: Registered Agent signature required when registering) DATE			
		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 NAME STREET ADDRESS CITY-ST-ZIP	OP TURNER, RANDALL 18354 E. ALAN BLACK BLVD. LOXAHATCHEE FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP TURNER, RANDALL 9938 Woodwin Lane Lake Worth, FL 33467 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TURNER, NICOLE 18354 E. ALAN BLACK BLVD. LOXAHATCHEE FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the employment.			
SIGNATURE: 		DATE: 7-18-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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