

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048494

1. Entity Name

LAURA J. TURNER CONSULTING, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90083 020 ***150.00

Principal Place of Business

Mailing Address

6741 NW 27TH AVENUE
FORT LAUDERDALE FL 33069

6741 NW 27TH AVENUE
FORT LAUDERDALE FL 33067-2143

2. Principal Place of Business

5002 NW 58th Terr.

3. Mailing Address

5002 NW 58th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs

City & State

Coral Springs

4. FEI Number

65-0836479

Applied For

Not Applicable

Zip

Country

33067

Zip

Country

33067

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

TURNER, LAURA J
6741 NW 27TH AVENUE
FORT LAUDERDALE FL 33069

Name

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

5002 NW 58th Terrace

City

Coral Springs

FL

Zip Code

33067

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

Laure J Turner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/30/00

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, 2000 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 PD ☐ Delete
NAME TURNER, LAURA J
STREET ADDRESS 6741 NW 27TH AVENUE 5002 NW 58th Terr
CITY-ST-ZIP FORT LAUDERDALE FL 33069 Coral Springs

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5002 NW 58th Terr.
CITY-ST-ZIP 33067 Coral Springs

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 like empowered.

SIGNATURE:

Laure J Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

954-575-1370

Daytime Phone #

CR2E034 (9/99)