2002 UNIFORM BUSINESS REPORT (UBR)

P98000049365 DOCUMENT # 1. Entity Name TURNER REALTY SALES, INC. Principal Place of Business Mailing Address 1700-S -- DIXIE-HIGHWAY 1709-S: DIXIE-HIGHWAY

TITLE

NAME1

TITLE

NAME

TITLE

NAME STREET ADDRESS

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FILED May 28, 2002 8:00 am § Secretary of State

05-28-2002 91621 049 ***150.00

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5690 C	Place of Business OachHouse Circle:		usecin	cle				
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	Ξ	
Boca State	Raton, FL	Boca Raton	,FL	4. FE	65-0839760		<u> </u>	plicable
33480		33486 P	alm Ba	<u> </u>	ertificate of Status Desired	☐ Fee F	75 Additional Required	al
	6. Name and Address of Current F	me and Address of New Re	gistered Agent					
	LINDA (Same IXIE HIGHWAY (New o	X TUCCEC X Number is Not Acceptable) THOUSE CVC	cle					
# 200		† G						
BOCA PATON FL 33432					-00	FL ろ	PCodeO	
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								
Tax filing r	oration.is.eligible to satisfy its:Intangible = requirement and elects to do so. ia on back)	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 Ma Added to Fo	
11.	OFFICERS AND D	DIRECTORS 1:	2.	ADD	ITIONS/CHANGES TO OFFIC	ERS AND DIRE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Turner, Linda 1700 & Dixie Highway #-200 Boga Raton Fl 33432	N.			© CoachHouse Ratan,7L33L	circle		Audition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N.	TLE SAME TREET ADDRESS 5	VPITI BHACIA GROCO		Hinu e.	• -	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N/ S1	TLE AME IREET ADDRESS TY-ST-ZIP			C1	lange .	Addition

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.

TITLE

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SIGNATURE: