## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 06, 2000 8:00 am Secretary of State DOCUMENT # P98000069941 P T TURK, INC. 03-06-2000 90004 050 \*\*\*150.00 Mailing Address Principal Place of Business 17309 STETSON LANE 17309 STETSON LANE CDIGGA FL 33556 ODESSA FL 33556-1818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number . ". 59-3524372 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURK, TINA Street Address (P.O. Box Number is Not Acceptable) 17309 STETSON LANE ODESSA FL 33556 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (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, 2000 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 OFFICERS AND DIRECTORS 12. 11.4 Addition ☐ Delete TITLE TİŤLE Turk, Phillip NAME NAME STREET ADDRESS STREET ADDRESS 17309 STETSON LANE CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Change ☐ Addition DVPS ☐ Delete TITLE TITLE TURK, TINA NAME NAME STREET ADDRESS 17309 STETSON LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐<sup>®</sup>Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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