2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094961					Secretary of State			
TURNER, MOORE & PATEL, INC.					08-21-2001 90003 003 ***550.00			
	į			V				
Principal Place of Business Mailing Address 2240 BELLEAIR ROAD SUITE 160 2240 BELLEAIR ROAD SI CLEARWATER FL 33764 CLEARWATER FL 33764			TE 160					
		· · · · · · · · · · · · · · · · · · ·						
	Place of Business		0					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NO VED	DO NOT WRITE IN THIS SPACE			
City & State St. Petersham. Ph 3557		City & State Large Planda		4.	FEI Number 59-3541664	⊢	oplied For	
Zip Country		Zip Gountry 33777 BSA		5. (¬ \$8.75 Add		
531	6. Name and Address of Current Re	egistered Agent	U3P3	- 7. I	Name and Address of New Regis	Fee Require	ed	
Name————————————————————————————————————								
PATEL, SA 2240 RELI	andip i Leair road			Box Number is Not Acceptable)	-)- = 39.			
STE 100	ECANT NOAD	,	80	بر <u>د د د د د د د د د د د د د د د د د د د</u>	sayan bary 1	-004		
CLEARWA	TER FL 33764	-	City	La -	<u> </u>	FL Zip Cog	ومسم	
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 .			G		7/4/01			
	Signature, type 4 5 printed name of registered agent and	ititle if applicable. (NOTE: F	Registered Agent signati	ure required when re	einstaing)	DATE	-	
Tax filing requirement and elects to do so. After Septemb			VIII FEE IS \$550.00 12, 2001 Fee will be \$750.00 able to Department of State		Election Campaign Financi Trust Fund Contribution.		00 May Be	
11.	OFFICERS AND DI	RECTORS	12.	··	DITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, PATRICK M 2240 BELLEAIR ROAD SUITE 160 CLEARWATER FL 33764	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8480	n left Tumer sheldon Rd, ste 1 pa IFL 33615	☐ Change	Addition	
TITLE		☐ Delete	TITLE	Pirect		☐ Change	Addition d	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	STEVE 8200 1 harco	w w. woodl Bryan Daury Road J. FL 33777	, Stute 300	s	
TITLE		Delète Delète	TITLE - TOPE -		and the second s	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	; . ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby of indicated of the corr	certify that the information supplied with the on this report or supplemental report is trustoration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	e exemption state	ava tha cama l	east effect so it made under eath.	that I am an afficer	or director i	

SIGNATURE:

SIGNATURE AND EXPENSE REMITED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/61 / 727-355-936