

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 05-31-2000 90033 037 \*\*\*150.00

**DOCUMENT # P99000013174**

1. Entity Name

**KIMBERLY S. TURNER, INC.**

Principal Place of Business

8613 PISA DR., #1314  
 ORLANDO FL 32810

Mailing Address

8613 PISA DR., #1314  
 ORLANDO FL 32751-4543

2. Principal Place of Business

131 Minnehaha Rd  
 Suite, Apt. #, etc.

3. Mailing Address

131 Minnehaha Rd  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Meritland FL

City & State

Meritland FL

4. FEI Number

59-3555149

Applied For

Not Applicable

Zip

Country

32751 USA

Zip

Country

32751 USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

TURNER, KIMBERLY S  
 8613 PISA DR., #1314  
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: Kimberly S. Turner  
 Street Address (P.O. Box Number is Not Acceptable): 131 Minnehaha Rd  
 City: Meritland FL Zip Code: 32751

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

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

TITLE: D  
 NAME: TURNER, KIMBERLY S  
 STREET ADDRESS: 8613 PISA DR., #1314  
 CITY-ST-ZIP: ORLANDO FL 32810

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition  
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 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: *Kimberly S. Turner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 407-660-8507  
 Date Daytime Phone #

CR2E034 (9/99)