

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90003 025 ***150.00

DOCUMENT # P99000020872
1. Entity Name
M LYNN TURNER INC

DO NOT WRITE IN THIS SPACE

40107026

2. Principal Place of Business 2417 S PONTE VEDRA BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PONTE VEDRA BEACH, FL		City & State	
Zip 32082	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3565037		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TURNER, LYNN	
Street Address (P.O. Box Number is Not Acceptable) 2417 S PONTE VEDRA BLVD	
City PONTE VEDRA BEACH	FL Zip Code 32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, LYNN 2417 S PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:	LYNN TURNER	5/1/2008	904 353-8989
	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>