

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021335

1. Entity Name  
JEROME T. TURRIN, INC.



**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90007 026 \*\*\*150.00

Principal Place of Business  
25001 SW 95TH STREET  
INDIANTOWN, FL 34956

Mailing Address  
P.O. BOX 2842  
STUART, FL 34995

2. Principal Place of Business  
25001 SW 95TH STREET  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

00102684

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
65-0904593

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

JEROME T. TURRIN, INC.  
25001 SW 95TH STREET  
INDIANTOWN, FL 34956

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 PSTD  
NAME JEROME T. TURRIN  
STREET ADDRESS P.O. BOX 2842  
CITY-ST-ZIP STUART, FL 34995

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 13 00 361597-3330  
Date Daytime Phone #

CR2E034 (9/99)