

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035221

1. Entity Name

TURNAGE MOWER SERVICE INCORPORATED

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90067 022 \*\*\*150.00

Principal Place of Business

Mailing Address

1203 EAST 24TH PLAZA  
PANAMA CITY FL 32405

1203 EAST 24TH PLAZA  
PANAMA CITY FL 32405-5214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3585835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNAGE, B.B. MRS.  
1204 EAST 24TH PLAZA  
PANAMA CITY FL 32405

Name

Paul L. Turnage

Street Address (P.O. Box Number is Not Acceptable)

1613 Foster Avenue

City

Panama City

FL

Zip Code

32405

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

*Paul L. Turnage*

Paul L. Turnage President

4-26-00

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNAGE, B.B. MRS. 1204 EAST 24TH PLAZA PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNAGE, PAUL L 1613 FOSTER AVENUE PANAMA CITY FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OUTLAW, PATRICIA T 1204 EAST 24TH PLAZA PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST President = P Paul L. Turnage 1613 Foster Avenue Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President = V Patricia T. Outlaw 1204 E. 24th Plaza Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer = T/S Pamela S. Turnage 1613 Foster Avenue Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Paul L. Turnage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul L. Turnage  
President

3/30/00

Date

850-763-1395

Daytime Phone #

CR2E034 (9/99)