

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040438

1. Entity Name

TURNERS' SPECIALTY & HARDWARE, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90039 017 \*\*\*150.00

Principal Place of Business

Mailing Address

5105 PHILLIPS HWY., UNIT 201  
 JACKSONVILLE FL 32207

5105 PHILLIPS HWY., UNIT 201  
 JACKSONVILLE FL 32207-1709

2. Principal Place of Business

3. Mailing Address

11742 Phillips Highway  
 Suite, Apt. #, etc. 301

Same  
 Suite, Apt. #, etc.

City & State  
 JACKSONVILLE, FL

City & State

4. FEI Number

59-3575781

Applied For

Not Applicable

Zip  
 32256

Country  
 PUERTO RICO

Zip

Country

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

TURNER, JOHN H  
 5105 PHILLIPS HWY., UNIT 201  
 JACKSONVILLE FL 32207

Name  
 TURNER, JOHN H.

Street Address (P.O. Box Number is Not Acceptable)  
 11742 PHILLIPS Highway #301

City  
 JACKSONVILLE

FL

Zip Code  
 32256

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME PD  
 STREET ADDRESS  
 CITY-ST-ZIP 5105 PHILLIPS HWY., UNIT 201  
 JACKSONVILLE FL 32207 ☐ Delete

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 904  
 904 288-4445  
 Date Daytime Phone #