

2000 UNIFORM BUSINESS REPORT (UBR)

7.

DOCUMENT # P99000042714

1. Entity Name

2 TURTLES, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

07-13-2000 90019 046 ***550.00

Principal Place of Business

454 HELMSMAN LANE
ATLANTIC BCH FL 32233

Mailing Address

454 HELMSMAN LANE
ATLANTIC BCH FL 32233

2. Principal Place of Business

454 HELMSMAN LN.

Suite, Apt. #, etc.

3. Mailing Address

454 HELMSMAN LN

Suite, Apt. #, etc.

City & State

ATLANTIC BCH FL

Zip

32233

Country

USA

City & State

ATLANTIC BCH FL

Zip

32233

Country

USA

4. FEI Number 59-3576940

~~26-0111111-3~~

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WESTOVER, JAMES
1620 WESTWIND DR.
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name JAMES L. MACE JR.

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

454 HELMSMAN LN.

City

ATLANTIC BCH

FL

Zip Code

32233

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

James Westover James Westover

7/10/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PRESIDENT	<input type="checkbox"/> Delete
NAME	JAMES L. MACE JR	
STREET ADDRESS	454 HELMSMAN LN	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JAMES WESTOVER	
STREET ADDRESS	1620 WESTWIND DR	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/00

Daytime Phone

904.654.3133