

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055755

1. Entity Name

TURNKEY DEVELOPMENT ENTERPRISE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90159 026 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 2942
WINTER HAVEN FL 33883-2942

P.O. BOX 2942
WINTER HAVEN FL 33883-2942

2. Principal Place of Business

3. Mailing Address

1507 Lakeland Hills Blvd. P.O. Box 93496

Suite, Apt. #, etc.
Suite 107

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 59-3583051	Applied For <input type="checkbox"/> Not Applicable
Zip 33805	Country USA	Zip 33804-3496	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUNDY, TIMOTHY A
940 FENTON LN., #32
LAKELAND FL 33809

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

863-967-1111
Daytime Phone #

CR2E034 (9/99)