AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 NOV -7 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11003351

DOCUMENT # P99000055755

1. Entity Name
TURNKEY DEVELOPMENT ENTERPRISE, INC.

Principal Place of Business
314 LENA VISTA BLVD
AUBURNDALE FL 33823

Mailing Address
314 LENA VISTA BLVD
AUBURNDALE FL 33823

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3583051 | Applied For | Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUNDY, TIMOTHY A
314 LENA VISTA BLVD.
AUBURNDALE FL 33823

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	WEST, RICHARD A	314 LENA VISTA BLVD	AUBURNDALE FL 33823-2951	☐
D	LUNDY, TIMOTHY A	P. O. BOX 93496	LAKELAND FL 33804	☒
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	700023907177 10/17/03--01055--014 **35.00			☐	☐
	700023907177 11/07/03--01009--001 **26.25			☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RECEIVED Richard A West 4-21-2003 863 712 0059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Richard A West 10-12-2003 863 712 0059