FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90291 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076020

1. Entity Name
TURNKEY SPECIALITES, INC.

90125985

Principal Place of Business	Mailing Address
183 TAMPA DRIVE TAVENIER, FL 33070	183 TAMPA DRIVE TAVENIER, FL 33070

2. Principal Place of Business	3. Mailing Address
592 Biscayne LA	592 Biscayne LA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebastian	City & State: Sebastian
Zip: 32958 Country: USA	Zip: 32958 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0942741 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLIN, JAMES G
2263 NW BOCA RATON BLVD, #205
BOCA RATON, FL 33431

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] — 4/28/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FERRARO, JULIAN		NAME		
STREET ADDRESS	~~183 TAMPA DRIVE~~		STREET ADDRESS	592 Biscayne LA	
CITY-ST-ZIP	~~TAVENIER, FL 33070~~		CITY-ST-ZIP	Sebastian FL 32958	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FERRARO, BARBARA		NAME		
STREET ADDRESS	~~183 TAMPA DRIVE~~		STREET ADDRESS	592 Biscayne LA	
CITY-ST-ZIP	~~TAVENIER, FL 33070~~		CITY-ST-ZIP	Sebastian FL 32958	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] — 4/28/03 — 772-388-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #