

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000097983**1. Entity Name
TURBO WORLD, INC.**Principal Place of Business**

1345 TINDARO DR., STE. B

APOPKA
32703

FL

Mailing Address

1345 TINDARO DR., STE. B

APOPKA
32703

FL

2. Principal Place of Business

661 VIA MILANO CIRCLE

3. Mailing Address

661 VIA MILANO CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

APOPKA

FL

City & State

APOPKA

FL

4. FEI Number**59-3607796**

Applied For

Not Applicable

Zip
32712

Country

Zip
32712

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**NORTON JAMES R
1345 TINDARO DR., STE. BAPOPKA
32703

FL

7. Name and Address of New Registered Agent**Name**

GROOM JAMES R

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

661 VIA MILANO CIRCLE

City

APOPKA

FL

Zip Code
32712

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 GROOM**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/19/2001

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, 2001 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**

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NORTON JAMES	
STREET ADDRESS	1343 TINDARO DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	P	<input type="checkbox"/> Delete
NAME	GROOM JAMES	
STREET ADDRESS	661 VIA MILANO	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
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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	
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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: James Groom

P

03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)