

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109217

1. Entity Name

TURTON HOLDINGS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90156 037 ***150.00

Principal Place of Business

Mailing Address

C/O CAROL MCATEE
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

C/O CAROL MCATEE
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

2. Principal Place of Business

731 Bal Harbor Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Zip

33950

Country

Charlotte

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCATEE, CAROL
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Name
Stephen Myatt-Pearson

Street Address (P.O. Box Number is Not Acceptable)
731 Bal Harbor Blvd.

City
Punta Gorda

FL

Zip Code
33950

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Stephen Myatt-Pearson
731 Bal Harbor Blvd.
Punta Gorda, FL 33950

☐ Delete

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STREET ADDRESS
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12.

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Daytime Phone #

CR2E034 (9/99)