2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000109217 1. Entity Name TURTON HOLDINGS, INC. 05-04-2001 90056 029 ***150.00 Mailing Address Principal Place of Business C/O CAROL MCATEE C/O CAROL MCATEE 5156 CENTRAL AVENUE 5156 CENTRAL AVENUE ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 . 2. Principal Place of Business 3. Mailing Address - -<u>3036 Tamiami Trail</u> <u>5401 Central Ave</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number APPLIED FOR City & State 52-2236972 Not Applicable Port Charlotte, FL St Petersburg, FL \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 33710 33952 Charlotte 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCATEE, CAROL Street Address (P.O. Box Number is Not Acceptable) 5156 CENTRAL AVENUE 5401 Central Ave ST. PETERSBURG FL 33707 33710 St Petersburg 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. Carol McAtee, CPA SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig After MAY 1, 2001 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MYATT-PEARSON, STEPHEN NAME NAME 731 BAL HARBOR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4/26/01