

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90139 034 \*\*\*150.00

**DOCUMENT # S12745**

1. Entity Name

**TURNAROUND MANAGEMENT SERVICE CORPORATION**

Principal Place of Business

Mailing Address

2931 BROADSTONE RD  
VALLE CRUCIS  
BANNNER ELK NC 28604

P.O. BOX 554  
VALLE CRUCIS NC 28691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1721860**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, SHERRY D**  
**8298 S.E. KETCH COURT**  
**HOBE SOUND FL 33455**

Name

**Sherry D. MILLER**

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

**4860 So Atlantic Ave #102**

City

**New Smyrna Beach, FL**

Zip Code

**32169**

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

*Sherry D. Miller*

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

(NOTE: Registered Agent signature required when reinstating)

**1/20/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **MILLER, WILLIAM F**  
STREET ADDRESS **2345 WATAUGA RIVER RD**  
CITY-ST-ZIP **SUGAR GROVE NC 28679**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☒ Delete  
NAME **MILLER, SCOTT G**  
STREET ADDRESS **8298 S.E. KETCH COURT**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **STD** ☐ Delete  
NAME **MILLER, SHERRY D**  
STREET ADDRESS **2345 WATAUGA RIVER RD**  
CITY-ST-ZIP **SUGAR GROVE NC 28679**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

*Sherry D. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHERRY D. MILLER**

Date

**1/20/01 (828)963-7774**

Daytime Phone #

CR2E034 (10/00)