

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90889 042 ***150.00

DOCUMENT # S74626

1. Entity Name

TURNER FURNITURE OF TALLAHASSEE, INC.

Principal Place of Business

**1425 VILLAGE SQUARE BLVD
TALLAHASSEE FL 32308**

Mailing Address

~~**1425 VILLAGE SQUARE BLVD
TALLAHASSEE FL 32308**~~

2. Principal Place of Business

3. Mailing Address

PO Box 687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pelham GA

Zip

Country

31779

Country

USA

4. FEI Number

58-1964432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TURNER SCOTT R
6015 QUAIL RIDGE
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

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

1425 Village Sq Blvd

City

Tallahassee

FL

Zip Code

32308

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, SCOTT R. 171 PALMER ST PELHAM GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, S. RUSSELL, JR. 1425 VILLAGE SQUARE BLVD. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HANCOCK, SHERRY S PO BOX 687 PELHAM GA 31779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 S Hancock **Sherry S Hancock** **1-26-02** **229-2149349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0044028 AV

CR2E034 (9/01)