## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** V10564 **DOCUMENT #**

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| . Entity Name URTON DEVELOPMENT, INC. |                       |  |  |  |  |
|---------------------------------------|-----------------------|--|--|--|--|
| rincipal Place of Business            | Mailing Address       |  |  |  |  |
| RET WINTER PARK ROAD                  | 2317 WINTER PARK BOAD |  |  |  |  |



05-01-2003 90406 045 \*\*\*150.00

| 2317 WINTER PARK ROAD                                                                     |                                                      | 2317             | Mailing Address<br>2317 WINTER PARK ROAD<br>WINTER PARK FL 32789 |            |                      |                                  | ı                                                                 | ı teriy girdel ilbil ebibi birt | <b>8 8</b> 1181 <b>8181 8181</b> 2 81 | Oki Bibli didari       | 11811 Blain 1881           |    |
|-------------------------------------------------------------------------------------------|------------------------------------------------------|------------------|------------------------------------------------------------------|------------|----------------------|----------------------------------|-------------------------------------------------------------------|---------------------------------|---------------------------------------|------------------------|----------------------------|----|
| 2 Principal F                                                                             | Place of Business                                    | I 3 Mai          | iling Address                                                    |            |                      |                                  |                                                                   |                                 |                                       |                        |                            |    |
| 2. Principal Place of Business 3. Mailing Addres                                          |                                                      |                  | ming Address                                                     | aress      |                      |                                  |                                                                   |                                 |                                       |                        |                            |    |
| Suite, Apt. #, etc.                                                                       |                                                      |                  | Suite, Apt. #, etc.                                              |            |                      |                                  | CHECK HERE IF MAKING CHANGES                                      |                                 |                                       |                        |                            |    |
| City & State                                                                              |                                                      |                  | City & State                                                     |            |                      | 4.                               | 4. FEI Number 59-3124723                                          |                                 |                                       | _ <del> </del>         | Applied For Not Applicable |    |
| Zip                                                                                       | Country                                              | Zip              | Zip Count                                                        |            | try                  | 5. Certificate of Status Desired |                                                                   |                                 | \$8.75 Additional Fee Required        |                        | 1                          |    |
|                                                                                           | 6. Name and Address of Current                       | Register         | ed Agent                                                         |            |                      | 7.                               | Nam                                                               | e and Address of Ne             | w Registered /                        | Agent                  |                            | 1  |
| TUDTO:                                                                                    | 0001400                                              |                  |                                                                  |            | Name                 |                                  |                                                                   |                                 |                                       |                        |                            |    |
| TURTON, RICHARD B.<br>2317 WINTER PARK ROAD                                               |                                                      |                  |                                                                  |            | Street Add           | ress (P.O.                       | Box N                                                             | lumber is Not Accepta           | able)                                 |                        |                            | 1  |
| WINTER F                                                                                  | PARK FL 32789                                        |                  |                                                                  |            |                      |                                  |                                                                   |                                 |                                       |                        |                            |    |
|                                                                                           | •                                                    |                  |                                                                  |            | City                 |                                  | _                                                                 |                                 | FL                                    | Zip Cod                | le                         | 1  |
|                                                                                           | named entity submits this statement for              | or the purp      | ose of changing its r                                            | egistere   | ed office or re      | gistered a                       | agent,                                                            | or both, in the State of        | f Florida. I am f                     | amiliar with,          | and accept                 | 1  |
|                                                                                           |                                                      |                  |                                                                  |            |                      |                                  |                                                                   |                                 |                                       |                        |                            |    |
| SIGNATURE                                                                                 | Signature, typed or printed name of registered agent | and title if app | olicable. (NOTE:                                                 | Registered | I Agent signature r  | equired when                     | reinstati                                                         | ing)                            | DATE                                  |                        |                            |    |
| ∉ F                                                                                       | ILE NOW!!! FEE IS \$150.00                           |                  |                                                                  |            |                      |                                  | T                                                                 | . 51 . 63 0                     |                                       |                        |                            | 1  |
| After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State |                                                      |                  |                                                                  |            |                      | '                                | <ol> <li>Election Campaign<br/>Trust Fund Contribution</li> </ol> | · -                             |                                       | 00 May Be<br>d to Fees |                            |    |
| 10.                                                                                       | OFFICERS AND                                         | DIRECTO          | PRS                                                              | 11.        |                      | Α                                | TIDO                                                              | ONS/CHANGES TO C                | OFFICERS AND                          | DIRECTOR               | S IN 11                    | 1  |
| TITLE                                                                                     | D PIONADD B                                          |                  | ☐ Delete                                                         | TITLE      |                      |                                  |                                                                   |                                 |                                       | ☐ Change               | Addition                   |    |
| NAME<br>STREET ADDRESS                                                                    | TURTON, RICHARD B.<br>2317 WINTER PARK ROAD          |                  |                                                                  | NAME       | ET ADDRESS           |                                  |                                                                   |                                 |                                       |                        |                            |    |
| CITY-ST-ZIP                                                                               | WINTER PARK FL 32789                                 |                  |                                                                  |            | ST-ZIP               |                                  | ,                                                                 |                                 |                                       |                        |                            | 3  |
| TITLE                                                                                     |                                                      |                  | ☐ Delete                                                         | TITLE      |                      |                                  | _                                                                 |                                 |                                       | ☐ Change               | Addition                   | 13 |
| NAME                                                                                      |                                                      |                  |                                                                  | NAME       | ξ                    |                                  |                                                                   |                                 |                                       |                        |                            | `  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                             |                                                      |                  |                                                                  |            | ET ADDRESS<br>ST-ZIP |                                  |                                                                   |                                 |                                       |                        |                            |    |
| TITLE                                                                                     |                                                      |                  |                                                                  | <b></b>    |                      |                                  |                                                                   |                                 |                                       | ☐ Change               | - Addition                 | }  |
| NAME                                                                                      |                                                      |                  | Delete                                                           | NAME       | l l                  |                                  |                                                                   |                                 |                                       | □ Change               | ☐ Addition                 |    |
| STREET ADDRESS                                                                            |                                                      |                  |                                                                  | STREE      | ET ADDRESS           |                                  |                                                                   |                                 |                                       |                        |                            |    |
| CITY-ST-ZIP                                                                               |                                                      |                  |                                                                  | CITY-      | ST-ZIP               |                                  |                                                                   |                                 |                                       |                        |                            |    |
| TITLE                                                                                     |                                                      |                  | ☐ Delete                                                         | TITLE      |                      |                                  |                                                                   |                                 |                                       | ☐ Change               | ☐ Addition                 |    |
| NAME                                                                                      |                                                      |                  |                                                                  | NAME       |                      |                                  |                                                                   |                                 |                                       |                        |                            | }  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                             |                                                      |                  |                                                                  |            | ET ADDRESS<br>ST-ZIP |                                  |                                                                   |                                 |                                       |                        |                            |    |
| TITLÉ                                                                                     |                                                      |                  | Delete                                                           | TITLE      |                      |                                  |                                                                   | <u></u>                         |                                       | ☐ Change               | ☐ Addition                 | 1  |
| NAME                                                                                      |                                                      |                  | Dolott                                                           | NAME       |                      |                                  |                                                                   |                                 |                                       | 0.101190               |                            |    |
| STREET ADDRESS                                                                            |                                                      |                  |                                                                  |            | ET ADDRESS           |                                  |                                                                   |                                 |                                       |                        |                            | 1  |
| CITY-ST-ZIP                                                                               |                                                      |                  |                                                                  | CITY-      | ST-ZIP               | <u></u>                          |                                                                   |                                 |                                       |                        |                            | ]  |
| TITLE                                                                                     |                                                      |                  | ☐ Delete                                                         | TITLE      |                      |                                  |                                                                   |                                 |                                       | ☐ Change               | ☐ Addition                 |    |
| NAME                                                                                      |                                                      |                  |                                                                  | NAME       | 1                    |                                  |                                                                   |                                 |                                       |                        |                            |    |
| STREET ADDRESS                                                                            |                                                      |                  |                                                                  |            | T ADDRESS            |                                  |                                                                   |                                 |                                       |                        |                            |    |
| CITY-ST-ZIP                                                                               | <u>                                      </u>        |                  |                                                                  | UIT?       | ST-ZIP               |                                  |                                                                   |                                 |                                       |                        |                            | 1  |

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**