

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90003 037 \*\*\*550.00

**DOCUMENT # F92000000699**

1. Entity Name  
**TURBINE TECHNOLOGY SERVICES CORPORATION**

Principal Place of Business

3050 TECHNOLOGY PKWY  
 SUITE 100  
 ORLANDO FL 32826  
 US

Mailing Address

3050 TECHNOLOGY PKWY  
 SUITE 100  
 ORLANDO FL 32826  
 US

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 **14-1664793**

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

**THORNTON, ANTHONY**  
**3050 TECHNOLOGY PKWY**  
**SUITE 100**  
**ORLANDO FL 32826**

Name

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

City

**FL**

Zip Code

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 *Anthony Thornton*

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

(NOTE: Registered Agent signature required when reinstating)

*6/11/01*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	THORNTON, ANTHONY	3242 LORDMALL COURT	OVIDO FL	<input type="checkbox"/>
P	GRAMATIKAS, GEORGE F	1746 CARILLON PK. DR	OVIDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Jame McCabe	155 South Limerick Road	Limerick, PA 19468	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Michael Young	155 South Limerick Road	Limerick PA 19468	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Srinivasan Shankar	155 South Limerick Road	Limerick PA 19468	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	John Sichter Jr.	155 South Limerick Rd	Limerick PA 19468	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 info empowered.

SIGNATURE: *Anthony Thornton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/11/01*

Date

*407-8770813*

Daytime Phone #

CR2E034 (10/00)