

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000699

1. Entity Name

TURBINE TECHNOLOGY SERVICES CORPORATION

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

06-19-2001 90003 037 ***550.00

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

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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)