2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowe

SIGNATURE:

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # L090.16** . 1. Entity Name COASTAL:TURBINE, INC. 01-29-2001 90039 015 ***150.00 Principal Place of Business Mailing Address 4508 BEECHWOOD LAKE DR 4508 BEECHWOOD LAKE DR NAPELS FL 33982 NAPELS FL 33982" U0009186 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0144010 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAPWORTH, EDWARD J. Street Address (P.O. Box Number is Not Acceptable) 4508 BEECHWOOD LAKE DR NAPLES FL 33962 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVS** ☐ Addition TITLE TITLE ☐ Delete PAPWORTH, EDWARD J. NAME NAME STREET ADDRESS 4508 BEEH = CHWOOD LAKE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL ☐ Addition Change ☐ Delete TITLE TITLE PAPWORTH, EDWARD J. NAME NAME STREET ADDRESS 4508 BEECHWOOD LAKE DR... STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS 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