

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002617

1. Entity Name

LOOKING GLASS MARINE, L.C.

FILED

01 APR 23 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

140 19TH ROAD, LOT #1
WEST POINT NE 68788

Mailing Address

140 19TH ROAD, LOT #1
WEST POINT NE 68788

2. Principal Place of Business

801 ROCKY RIVER

3. Mailing Address

801 ROCK RIVER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOUSTON TX

City & State

HOUSTON TX

4. FEI Number

58-2426272

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS, JOHN H ESQ.
BRICKELL BAYVIEW CENTRE
80 SW EIGHTH STREET, SUITE 2809
MIAMI FL 33130

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004161640--0
-05/08/01--01041--024
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TURBINE POWER SYSTEMS, INC.
140 19TH ROAD, LOT #1
WEST POINT NE 68788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ENGINEERING PHYSICS CORP.
11934 CYPRESS WOOD
HOUSTON TX 77070 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

[Signature]
Date Daytime Phone #