## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P00000115544 **DOCUMENT #**

1. Entity Name

TURBINE ENGINE SERVICES, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90221 041 \*\*\*158.75

Principal Place of Business 1075 E 31 ST HIALEAH FL 33013		Mailing Address 1075 E 31 ST HIALEAH FL 33013	1075 E 31 ST							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			#   <b>                                   </b>		81 81/81 8/11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	9	City & State	City & State			4. FEI Number 65-1063670			oplied For ot Applicable	
Zip	Country	Zip	Country	-		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6 Name and Address of	Current Registered Agent		Name	=:7 Na	me and Address of New Reg	istered A	gent — -		ł
JOHNSON 1075 E 31	i, stephen a St					(P.O. Box Number is Not Acceptable)				
HIALEAH I	FL 33013			City	FL Zip Co.				łe	
	named entity submits this stations of registered agent.  Signature, typed or printed name of registered agents.	tement for the purpose of changing		en A.	JoH.	لده ادار	da. I am fa	miliar with,	and accept	
After Make Check	ILE NOW!!! FEE IS \$15 r May 1, 2003 Fee will be s c Payable to Florida Depar	\$550.00 rtment of State			ADE	Election Campaign Finar Trust Fund Contribution.  ITIONS/CHANGES TO OFFIC		Added	00 May Be d to Fees	
TITLE	P	ERS AND DIRECTORS  Delete	11.		ADL	IRONS/CHANGES TO OFFIC		Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, STEPHEN A 1075 E 31 ST HIALEAH FL 33013		NAME STREET A CITY-ST	ADORESS .	ĸ					1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	1				Change	☐ Addition	0
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP			******	☐ Change	☐ Addition	
indicated of the cor	on this report or supplementa poration or the receiver or trus	pplied with this filing does not quali al report is true and accurate and the stee empowered to execute this re address, with all on er like empowe	hat my signature port as required	e shall have the	same le	gat effect as it made under oa	th: that I ar	m an officer	or director	