

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90073 012 \*\*\*150.00

**DOCUMENT # P01000027153**

1. Entity Name  
**ADVANCED TURBINE SUPPORT, INC.**



Principal Place of Business  
**11292 W POOL CT  
CRYSTAL RIVER FL 34429**

Mailing Address  
**11292 W POOL CT  
CRYSTAL RIVER FL 34429**

2. Principal Place of Business  
**9401 SW 34th Ln**

3. Mailing Address  
**9401 SW 34th Ln**

Suite, Apt. #, etc.  
**Gainesville FL**

Suite, Apt. #, etc.

City & State  
**Gainesville FL**

City & State  
**Gainesville FL**

Zip  
**32608** Country  
**USA**

Zip  
**32608** Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3706200**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHIDLER, RODNEY C  
11292 W POOL CT  
CRYSTAL RIVER FL 34429**

**7. Name and Address of New Registered Agent**

Name **Richard W. Ginder**

Street Address (P.O. Box Number is Not Acceptable)  
**9401 SW 34th Ln**

City **Gainesville** **FL** Zip Code **32608**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard W. Ginder*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**13 March 2003**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **DP** ☐ Delete  
NAME **SHIDLER, RODNEY**  
STREET ADDRESS **11292 W POOL CT**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **DV** ☐ Delete  
NAME **GINDER, RICHARD**  
STREET ADDRESS **7725 SW 92ND LN**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9401 SW 34th Ln**  
CITY-ST-ZIP **Gainesville FL 32608**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Richard W. Ginder*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13 March 2003** **(352) 258-3749**  
Date Daytime Phone #

CR2E034 (10/02)