

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # P01000078352

1. Entity Name
JET LINK TURBINES, INC.

FILED

02 NOV -4 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11 S.E. 4TH AVENUE
Suite, Apt. #, etc.

3. Mailing Address
11 S.E. 4TH AVENUE
Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number
65-1149261

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33483

Country
USA

Zip
33483

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHRISTINE MURRAY

Street Address (P.O. Box Number is Not Acceptable)
11 S.E. 4th AVE.

City
DELRAY BEACH, FL Zip Code
33483

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.

X SIGNATURE *Christine Murray*
Signature, typed or printed name of registered agent and title if applicable.

CHRISTINE MURRAY

OCT 14, 2002

(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) ☐

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT / OWNER
CHRISTINE MURRAY
11 S.E. 4th AVENUE
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200008761912
11/01/02--01087--008 \$61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
** REMOVE: DON HUBIAK

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Christine Murray*

CHRISTINE MURRAY

OCT. 14, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE MURRAY

Daytime Phone #

CR2E034B (12/01)