

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/2

01-21-2003 90137 043 ***150.00

DOCUMENT # P02000087985

1. Entity Name
TURBINE MARINE INC.



Principal Place of Business
1940 NW 32ND STREET
POMPANO BEACH FL 66064
33064

Mailing Address
1940 NW 32ND STREET
POMPANO BEACH FL 66064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2287337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRUDA, JOHN
1940 NW 32ND STREET
POMPANO BEACH FL 66064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33064

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ARRUDA, JOHN
2840 HAMPTON CIRCLE WEST
DELRAY BEACH FL 33445

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
RUSSO, KATHLEEN
925 IRIS DR
DELRAY BEACH FL 33483

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ARRUDA, John
3594 S. ocean drive
Highland Beach FL 33487

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 (954) 939 4409
Date Daytime Phone #

CR2E034 (10/02)