2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000119931 DOCUMENT

1. Entity Name

GLOBAL TURBINE CONTROLS, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90635 016 ***158.75

				1/3	- T- 15]				
966 EAST LA	ce of Business JOLLA DRIVE	966 EAS1	Mailing Address 966 EAST LA JOLLA DRIVE							
TEMPE AZ 85	5282	TEMPE A	∠ 85282							
US		US								
2. Principal F	Place of Business	3. Mailing	Address			1			416 HHI 1010	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI 1	Number - 06507	161	<u> </u>	opplied For
Zip	Country	Zip		Country			ificate of Status Desired		\$8.75 Ac	
	6. Name and Address of Curren	t Registered A	gent		1	7. Nam	e and Address of New	Registered A	gent	
OBLETON				Nar	ne					
	i, nathanial ~ =			Stre	et Address (F	P.O. Box N	lumber is Not Acceptab	le)		
ORMOND	BEACH FL 32174									
A				City				FL	Zip Cod	de
. '8. The above	named entity submits this statement f	or the purpose	of changing its re	egistered office	ce or registere	ed agent,	or both, in the State of F	lorida. I am fa	amiliar with	, and accept
SIGNATURE	•									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	e. (NOTE: F	Registered Agent	signature required	when reinstat	ing)	DATE		
''Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State			- 、		Election Campaign F Trust Fund Contributi			00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS		11.		ADDIT	ONS/CHANGES TO OF	FICERS AND	DIRECTOF	RS IN 11
TITLE	P 2		☐ Delete	TITLE	1				☐ Change	Addition
NAME	OBLETON, NATHANIAL			NAME						
STREET ADDRESS	25 IROQUOIS TRAIL			STREET ADDR	ESS					
CITY-ST-ZIP	ORMOND BEACH FL 32174			CITY-ST-ZIP						
TITLE	VP		☐ Delete	TITLE	VP-	- MAA	KETING		Change	Addition
NAME	OBLETON, NASHOMBI			NAME						
STREET ADORESS	966 E LA JOLLA DRIVE			STREET ADDR	ESS					
CITY-ST-ZIP	TEMPE AZ 85282			CITY-ST-ZIP						
TITLE	OBLETON, NAKELE	,	☐ Delete	TITLE	VP-	- OP	ERATION S	_	☐ Change	Addition A
NAME		<u>.</u>	ا مات م	NAME	OB	LET	W, NAKE	, t		
STREET ADDRESS			·	STREET ADDR	ESS 580	30. W	EK, JR WAY		4	-
CITY-ST-ZIP				CITY-ST-ZIP	OA	KUM	10, CA 94	707		
TITLE			☐ Delete	TITLE					Change	Addition
NAME				NAME						
STREET ADDRESS				STREET ADOR	ESS					
CITY-ST-ZIP			<u> </u>	CITY-ST-ZIP						
TITLE			☐ Delete	TITLE					Change	Addition
NAME				NAME						
STREET ADDRESS			:	STREET ADDR	ESS					
CITY-ST-ZIP			_	<u> </u>						
TITLE .	1		☐ Delete	TITLE	ĺ				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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

WATHANIAL OBLETON 3-12-03 386-671-0444