

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90067 011 ***150.00

DOCUMENT # P93000020340

1. Entity Name
TURBINE WELD, INC.



Principal Place of Business
402 SUBSTATION RD
VENICE FL 34292
US

Mailing Address
402 SUBSTATION RD
VENICE FL 34292
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 03-0302953

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPIN, E. H
402 SUBSTATION RD
VENICE FL 34292

Name

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

City

FL

Zip Code

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

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 - PD ☐ Delete
NAME HALPIN, THOMAS D
STREET ADDRESS 7647 ALBERT TILLINGHAST DR
CITY-ST-ZIP SARASOTA FL 34240

☒ Change ☐ Addition
TITLE -
NAME
STREET ADDRESS 409 E. MAC EWE DRIVE
CITY-ST-ZIP OSPREY, FL 34224

TITLE - VPD ☐ Delete
NAME HALPIN, PATRICK
STREET ADDRESS 30 FRASER DR
CITY-ST-ZIP EAST LONGMEADOW MA 01028

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

TITLE - STD ☐ Delete
NAME HALPIN, E. H
STREET ADDRESS 519 PARK ESTATES SQUARE
CITY-ST-ZIP VENICE FL 34293

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

TITLE - ☐ Delete
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CITY-ST-ZIP

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☐ Change ☐ Addition
TITLE -
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: [Signature] REQUIRED: HALPIN 1-2-03 941-485-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)