AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

09-19-2002 90157 025 ****61.25
FILED P94000060198
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP 24 PM 12:01

DOCUMENT # P94000060198

1. Entity Name
Turbine Parts Services, Inc.

DO NOT WRITE IN THIS SPACE

B0139476

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
807 South Dr		807 South Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Fort Walton Bch FL		City & State: Fort Walton Bch FL	
Zip: 32547	Country: USA	Zip: 32547	Country: USA

4. FEI Number 59-3262800 — Applied For / Not Applicable

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: Philip Raia

Street Address (P.O. Box Number is Not Acceptable): 807 South Dr

City: Ft. Walton Bch FL Zip Code 32547

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.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (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	President
NAME	Raia, Philip L.
STREET ADDRESS	807A South Dr
CITY-ST-ZIP	Ft. Walton Bch, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: [signature] 8/21/02 850-864-5142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/24/02