

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90685 014 ***150.00

DOCUMENT # P97000044155

1. Entity Name
THE TURBINE CONNECTION INC.

Principal Place of Business

P.O. BOX 675
DELAND FL 32721

Mailing Address

P.O. BOX 675
DELAND FL 32721

2. Principal Place of Business

610 S Boundary Ave

Suite, Apt. #, etc.

3. Mailing Address

610 S Boundary Ave

Suite, Apt. #, etc.

City & State

DEland FL

City & State

DEland FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORDUCK, KEVIN
610 S. BOUNDARY ST.
DELAND FL 32721

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **MCCORDUCK, KEVIN**
CITY-ST-ZIP **P.O. BOX 675 N/A**
DELAND FL 32721

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **McCorduck Kevin**
STREET ADDRESS **610 S Boundary Ave**
CITY-ST-ZIP **DEland FL 32720**

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin McCorduck

5/1/02

Date

386 7401433

Daytime Phone #

CR2E034 (9/01)