## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 16, 2001 08:00 AM DOCUMENT# P97000086925 1. Entity Name **Secretary of State** TURBINE WORKS, INC. Principal Place of Business Mailing Address 29 SOUTH BROOKSVILLE AVENUE 29 SOUTH BROOKSVILLE AVENUE BROOKSVILLE FL BROOKSVILLE FL 34601 34601 2. Principal Place of Business 3. Mailing Address 21125 CORTEZ BLVD 21125 CORTEZ BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BROOKSVILLE FL BROOKSVILLE 59-3478958 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSTON DARRYL 29 SOUTH BROOKSVILLE AVENUE Street Address (P.O. Box Number is Not Acceptable) BROOKSVILLE FL34601 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. 01/16/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME VIDAL. HERMAN NAME BATES KRIS 21125 CORTEZ BLVD STREET ADDRESS STREET ADDRESS 21125 CORTEZ BLVD CITY-ST-ZIP BROOKSVILLE FL 34601 BROOKSVILLE CITY-ST-ZIP 34601 CEO ☐ Delete TITLE ☐ Change NAME BARBOUR SCOTT G NAME STREET ADDRESS 21125 CORTEZ BLVD STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34601 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

01/16/2001

Daytime Phone #

Date

SIGNATURE: \_ KRIS.J. BATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR