

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90083 002 ***150.00

DOCUMENT # P98000100692

1. Entity Name

TURBINE SERVICE AND SUPPLY, INC.

Principal Place of Business

Mailing Address

1410 NW 13TH STREET
 SUITE 6
 GAINESVILLE FL 32601

1410 NW 13TH STREET
 SUITE 6
 GAINESVILLE FL 32601-4085

C0062143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

810 NW 25TH AVENUE

3. Mailing Address

810 NW 25TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

SUITE 102

City & State

City & State

OCALA, FL

OCALA, FL

Zip

Country

Zip

Country

34475

34475

4. FEI Number

59-3546249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LABONTE, JULES R
810 NW 25TH AVE
SUITE 107
OCALA FL 34475

7. Name and Address of New Registered Agent

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.

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HEALY, FRANK F	
STREET ADDRESS	1410 NW 13TH STREET STE 6	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABONTE, JOSEPH A	
STREET ADDRESS	1410 NW 13TH STREET STE 6	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABONTE, JULES R	
STREET ADDRESS	1410 NW 13TH STREET STE 6	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN J. RZEPECKI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	810 NW 25TH AVENUE, SUITE 102
CITY-ST-ZIP	OCALA, FL 34475
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	810 NW 25TH AVENUE, SUITE 102
CITY-ST-ZIP	OCALA, FL 34475
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	810 NW 25TH AVENUE, SUITE 102
CITY-ST-ZIP	OCALA, FL 34475
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	FRANKLIN J. RZEPECKI
CITY-ST-ZIP	810 NW 25TH AVENUE, SUITE 102
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Joseph A Labonte
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 352-351-4510

CR2E034 (9/99)