

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100692

1. Entity Name

TURBINE SERVICE AND SUPPLY, INC.

Principal Place of Business

810 NW 25TH AVENUE
STE 102
OCALA FL 34475

Mailing Address

810 NW 25TH AVENUE
STE 102
OCALA FL 34475

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OCALA FLORIDA

Zip

Country

34478-1450

Country

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

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HEALY, FRANK F
CITY-ST-ZIP 810 NW 25TH AVE STE 102
OCALA FL 34475

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LABONTE, JOSEPH A
CITY-ST-ZIP 810 NW 25TH AVE STE 102
OCALA FL 34475

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LABONTE, JULES R
CITY-ST-ZIP 810 NW 25TH AVENUE STE 102
OCALA FL 34475

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RZEPECKI, FRANKLIN J
CITY-ST-ZIP 810 NW 25TH AVENUE STE 102
OCALA FL 34475

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Franklin J Rzepecki
FRANKLIN J RZEPECKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2001

Date

352-629-6909

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90022 013 ***150.00



DO NOT WRITE IN THIS SPACE