

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90175 045 \*\*\*150.00

**DOCUMENT # F95000001680**

1. Entity Name

**SENENICH WOOD PROPELLER COMPANY, INC.**

Principal Place of Business

Mailing Address

2008 WOOD CT.  
 PLANT CITY FL 33567  
 US

4601 FORBES BLVD.  
 SUITE 120  
 LANHAM MD 20706-4821  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3305026**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWELL, DONALD J</b>	NAME	
STREET ADDRESS	<b>4304 LONGFELLOW DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAAK, TERRENCE A</b>	NAME	
STREET ADDRESS	<b>15307 NORWALK CT.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOWIE MD 20716</b>	CITY-ST-ZIP	
TITLE	<b>CEO</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOZIK, JOHN</b>	NAME	
STREET ADDRESS	<b>4601 FORBES BLVD., SUITE 120</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LANHAM MD</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTCHER, MCBEE</b>	NAME	
STREET ADDRESS	<b>4601 FORBES BLVD., SUITE 120</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LANHAM MD</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTCHER IV, HOWARD</b>	NAME	
STREET ADDRESS	<b>4601 FORBES BLVD., STE 1205</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LANHAM MD</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTCHER, JONATHAN</b>	NAME	
STREET ADDRESS	<b>4601 FORBES BLVD., SUITE 120</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LANHAM MD</b>	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:

*Terrence Wood - Controller*

**3/27/00**

**(201) 731-0811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)