

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

(201) 731-0811

Daytime Phone #

CR2E034 (9/99)