

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 30 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0620323 AT

DOCUMENT # 852059

1. Entity Name
SPRING HILL AVIATION, INC.

*see attached
filed 4/25/02*

Principal Place of Business

SPRING HILL RD
BOX 55
STERLING PA 18463

Mailing Address

SPRING HILL RD
BOX 55
STERLING PA 18463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1871450

Applied For

Not Applicable

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

PASSIDOMO, KATHLEEN

KELLY PRICE, PASSIDOMO, SIKET & ROSS

2640 GOLDEN GATE PARKWAY STE 305

NAPLES FL 33942

*Kelly, Passidomo
& alba*

Name

Street Address (P.O. Box Number is Not Acceptable)

2640 Golden Gate Parkway

Suite 305

City

Naples

FL

Zip Code

34105

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's 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, 2002 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 PD
NAME CAPUTO, MICHAEL
STREET ADDRESS BOX 55 SPRING HILL RD
CITY-ST-ZIP STERLING PA 33963 ☐ Delete

TITLE
NAME 000005491430-14 ☐ Change ☐ Addition
STREET ADDRESS -05/08/02--01031--008
CITY-ST-ZIP ****150.00 ****150.00

TITLE AS
NAME DONNA CAPUTO
STREET ADDRESS BOX 55 SPRING HILL RD
CITY-ST-ZIP STERLING PA ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/02

CR2E034 (9/01)