

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90311 014 ***150.00

DOCUMENT # F00000006742

1. Entity Name
SECO AVIATION, INC.



Principal Place of Business
**1401 NE 10TH STREET
POMPANO BEACH FL 33060**

Mailing Address
**1401 NE 10TH STREET
POMPANO BEACH FL 33060**

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 **25-1841710**

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

~~SMOKER, BARRY~~
~~1401 NE 10TH ST.~~
~~POMPANO BEACH FL 33060~~

Name **Robert F. Elgideley**
Street Address (P.O. Box Number is Not Acceptable)
1401 NE 10th St.
City **Pompano Beach** FL Zip Code **33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **R. F. Elgideley**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/2002

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ANTHONY, RAY G**
STREET ADDRESS **12130 NW 10TH ST.**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☒ Change ☐ Addition
NAME **1357 Seminole Drive**
STREET ADDRESS **Fort Lauderdale, FL**
CITY-ST-ZIP **33304**

TITLE **V** ☒ Delete
NAME ~~SMOKER, BARRY~~
STREET ADDRESS **882 BOULDER DR.**
CITY-ST-ZIP **BETHEL PARK PA**

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

TITLE **ST** ☐ Delete
NAME **KANIA, WILLIAM B**
STREET ADDRESS **906 BIRDIE WAY**
CITY-ST-ZIP **APOLLO BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
Date

Daytime Phone #

CR2E034 (10/02)