

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F74150

1. Entity Name
SPRUCE CREEK AVIATION, INC.

Principal Place of Business

1 BEECH BLVD
DAYTONA BCH FL 32124

Mailing Address

1 BEECH BLVD
DAYTONA BCH FL 32124

2. Principal Place of Business

1 BEECH BLVD

Suite, Apt. #, etc.

3. Mailing Address

1 BEECH BLVD

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL.

Zip

32128

Country

USA

City & State

DAYTONA BEACH, FL.

Zip

32128

Country

USA

4. FEI Number

59-2181772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERROTT, PATRICK E
1966 COUNTRY CLUB DRIVE
DAYTONA BCH FL 32124

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

32128

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, 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

TITLE P/T
NAME PERROTT, PATRICK E
STREET ADDRESS 1966 COUNTRY CLUB DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32124 ☐ Delete

TITLE S
NAME PERROTT, MARJORIE P
STREET ADDRESS 1966 COUNTRY CLUB DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32124 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
32128

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

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

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

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

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:

Patrick E. Perrott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/2002 386-761-1711
Date Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90027 027 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)