2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F74150



FILED Jan 29, 2003 8:00 am Secretary of State

1. Entity Name SPRUCE CREEK AVIATION, INC.					01-29-200	3 901 58 020 ***	150.00	
Principal Place 1 BEECH BLVI DAYTONA BCH)	Mailing Address 1 BEECH BLVD DAYTONA BCH FL 32124	ECH BLVD					
2. Principal P	lace of Business	3. Mailing Address			! IBAJIAR !!!! IBBI! BIBA !!?B# 0!!	II OBII DIDII SIOII SIEII DIO	I OCOCH BIETH COM	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
PORT	ORANGE, FL	City& State PORT Dennee, Fl.		,	4. FEI Number 59-2181772		Applied For Not Applicable	
Zip 32/	128 Country SA	Zip 32128	Country		5. Certificate of Status Desired	□ \$8.75 Fee Requ	Additional uired	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent				
Nam				و المراكب المنظم				
PERROTT, PATRICK E				t Address (P.O. Box Number is Not Acceptable)				
1966 COUNTRY CLUB DRIVE								
DAYTONA	BEACH FL 32128							
				r (C	LANGE,	FL Zip C	3/28	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered	d agent, or both, in the State of Flo	orida. I am familiar w	th, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legislered Agent signatur	e required wh	nen reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		÷	Election Campaign Fin Trust Fund Contribution		5.00 May Be ded to Fees	
10.	OFFICERS AND I	DIRECTORS	11		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	DRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T PERROTT, PATRICK E 1966 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PORT	- ORANGE FL.	Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERROTT, MARJORIE P 1966 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TORANGE EL.	₩ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATIONAL BELOTTE SELEC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Chan	ge	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Chan	ge 🗌 Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

386-761-1711