

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L00000003377**

1. Entity Name  
**SEMBLER AVIATION, L.L.C.**

**FILED**

**01 APR 30 PM 2:09**

Principal Place of Business  
**5858 CNETRAL AVENUE  
ST.PETERSBURG FL 33707**

Mailing Address  
**5858 CNETRAL AVENUE  
ST.PETERSBURG FL 33707**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5858 Central Avenue**

3. Mailing Address  
**5858 Central Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

4. FEI Number  
**59-3650005**

Applied For  
☐ Not Applicable

Zip  
**33707**

Country

Zip  
**33707**

Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FLEMING, LINDA L  
BUCHANAN INGERSOLL P.C.  
401 E. JACKSON STREET, SUITE 2500  
TAMPA FL 33602**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**MGRM  
Sembler Air, Inc.  
5858 Central Avenue  
St. Petersburg FL 33707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**3000004134343-3  
-05/03/01-01115-009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**4/30**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*[Handwritten Signature]*

4/26/01

727-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)