

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # L61083

1. Entity Name

SENECA AVIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-16-2000 90090 035 ***150.00

Principal Place of Business

C/O JETT RILEY
1216 MOUNT HOMER ROAD
EUSTIS FL 32726

Mailing Address

C/O JETT RILEY
1216 MOUNT HOMER ROAD
EUSTIS FL 32726-6258

2. Principal Place of Business

22036 LAKE SENECA RD

Suite, Apt. #, etc.

3. Mailing Address

22036 LAKE SENECA RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

EUSTIS, FL

Zip
32736

Country
USA

City & State

EUSTIS, FL

Zip
32736

Country
USA

4. FEI Number

59-3006157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RILEY, JETT
1216 MOUNT HOMER ROAD
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

SANDRA L. RILEY -

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

22036 LAKE SENECA ROAD

City

EUSTIS

FL

Zip Code

32736

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

Sandra L. Riley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

x 4-1-00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	RILEY, JETT	
STREET ADDRESS	1216 MOUNT HOMER ROAD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	RILEY, SANDY	
STREET ADDRESS	1216 MT HOMER RD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JETT	
STREET ADDRESS	22036 LAKE SENECA ROAD	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE	VST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, SANDRA L.	
STREET ADDRESS	22036 LAKE SENECA ROAD	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA L. RILEY

Date

3/13/00

Daytime Phone #

352-357-7737

CR2E034 (9/99)