

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003542 AF

DOCUMENT # L99000004479

1. Entity Name

SNA AVIATION, L.L.C.

FILED

01 FEB 15 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1714 MAHAN CENTER BLVD  
TALLAHASSEE FL 32308

Mailing Address

1714 MAHAN CENTER BLVD  
TALLAHASSEE FL 32308

2. Principal Place of Business

2808 Remington Green Cir. N. Ste 200

3. Mailing Address

2808 Remington Green Cir. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Country

Zip

Country

32308

U.S.

32308

U.S.

4. FEI Number 54-3587498  
APPLIED FOR

Applied For

Not Applicable

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

AUSLEY, MAGARET

227 SOUTH CALHOUN STREET

TALLAHASSEE FL 32301

Name

Dan Ausley

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

2808 Remington Green Circle N, Ste. 200

Tallahassee

32308

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 MGRM  
AUSLEY, DANIEL M  
STREET ADDRESS 1714 MAHAN CENTER BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

TITLE NAME MGRM  
Ausley, Daniel M.  
STREET ADDRESS 2808 Remington Green Cir. N, Ste 200  
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME 20000370782 ☐ Change ☐ Addition  
STREET ADDRESS -02/16/01--01116--002  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE

Date

Daytime Phone #

CR2E083 (11/00)