

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-11-2002 90072 035 ***150.00

DOCUMENT # M 94828

1. Entity Name

SOUTHEAST AIRMOTIVE, INC.

420316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801 MAYTOWN RD.

3. Mailing Address

PO BOX 207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OAK HILL, FL.

City & State

OAK HILL, FL.

4. FEI Number

59-2913403

Applied For

Not Applicable

Zip

32759

Country

USA

Zip

32759

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

M.H. LEONICIO

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

1801 MAYTOWN RD.

City

OAK HILL

FL

32759

**DO NOT WRITE
IN THIS SPACE**

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

M.H. Leonicio

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P

**LEONICIO, M.H.
1801 MAYTOWN RD.
OAK HILL, FL. 32759**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

**LEONICIO, M.H.
1801 MAYTOWN RD.
OAK HILL, FL. 32759**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M.H. Leonicio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.H. LEONICIO, PRES.

Date

2/22/02

Daytime Phone #

CR2E034B (12/01)