

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90158 038 ***150.00

DOCUMENT # M94828

1. Entity Name
SOUTHEAST AIRMOTIVE, INC.



Principal Place of Business
**1801 MAYTOWN ROAD
OAK HILL FL 32759**

Mailing Address
**PO BOX 207
OAK HILL FL 32759**



2. Principal Place of Business
1801 MAYTOWN RD.

3. Mailing Address
P.O. Box 207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONICO, M.H.
1801 MAYTOWN ROAD
OAK HILL FL 32759**

Name
M.H. Leonicio-UMSCHEID

Street Address (P.O. Box Number is Not Acceptable)
1801 MAYTOWN ROAD

City **OAK HILL, FL** Zip Code **32759**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **M.H. Leonicio-UMSCHEID**
Signature, typed or printed name of registered agent and the corporation

4-10-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **LEONICIO, MARIA**
STREET ADDRESS **1801 MAYTOWN ROAD**
CITY-ST-ZIP **OAK HILL FL 32759**

TITLE **P.** ☒ Change ☐ Addition
NAME **M.H. LEONICIO-UMSCHEID**
STREET ADDRESS **1801 MAYTOWN RD**
CITY-ST-ZIP **OAK HILL, FL. 32759**

TITLE **D** ☒ Delete
NAME **LEONICIO, M.H**
STREET ADDRESS **1801 MAYTOWN RD**
CITY-ST-ZIP **OAK HILL, FL 32759**

TITLE **D.** ☒ Change ☐ Addition
NAME **M.H. LEONICIO-UMSCHEID**
STREET ADDRESS **1801 MAYTOWN RD.**
CITY-ST-ZIP **OAK HILL, FL. 32759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **M.H. Leonicio-UMSCHEID**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 386-345-1861
Date Daytime Phone #

CR2E034 (10/02)