

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117572

1. Entity Name

SEMINOLE AIRCRAFT, INC.

Principal Place of Business

Mailing Address

3020 N. MILITARY TRAIL, STE. 100  
BOCA RATON FL 33431

3020 N. MILITARY TRAIL, STE. 100  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1064862

Applied For

Not Applicable

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

RAFFERTY, WILLIAM L JR, ESQ  
1101 BRICKELL AVE., STE. 1400  
MIAMI FL 33131

Name

HARRY SARGEANT

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

3020 N MILITARY TR. STE 100

City

BOCA RATON

FL

Zip Code

33431

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

*Harry Sargeant*

HARRY SARGEANT

5/24/01

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

(NOT Registered Agent's signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SARGEANT, HARRY	
STREET ADDRESS	3020 N. MILITARY TRAIL, STE. 100	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARGEANT, JANET	
STREET ADDRESS	3020 N. MILITARY TRAIL, STE. 100	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*Harry Sargeant* HARRY SARGEANT

5/24/01

561-999-9916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90002 011 \*\*\*558.75

660440



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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