

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90107 046 ***550.00

DOCUMENT # P02000097932

1. Entity Name

Spruce Creek Aviation Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

208 Cessna Blvd

Suite, Apt. #, etc.

3. Mailing Address

208 Cessna Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach FL

City & State

Daytona Beach FL

4. FEI Number

11-3656698

Applied For

Not Applicable

Zip

32128

Country

USA

Zip

32128

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Benny Ertel*

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

208 Cessna Blvd

City *Daytona Beach*

FL

Zip Code

32128

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

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *President*
NAME *Benny Ertel*
STREET ADDRESS *208 Cessna Blvd.*
CITY - ST - ZIP *Daytona Beach FL 32128*

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)