


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90240 049 \*\*\*150.00

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<b>DOCUMENT #</b> P93000024992	
<b>1. Entity Name</b> SOUTHEAST AEROSPACE, INC.	

<b>Principal Place of Business</b> 1401 GENERAL AVIATION DR MELBOURNE FL 32935 US	<b>Mailing Address</b> 1401 GENERAL AVIATION DR MELBOURNE FL 32935 US
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<b>2. Principal Place of Business</b> 1399 General Aviation Dr Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1399 General Aviation Dr Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> Melbourne, Florida	<b>City &amp; State</b> Melbourne, Florida	<b>4. FEI Number</b> 65-0400309	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b> 32935	<b>Country</b> US	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BRADDOCK, JOHN B 4870 HAWKSBILL CT. MELBOURNE BCH FL 32951	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **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** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PV <b>NAME</b> BRADDOCK, JOHN B <b>STREET ADDRESS</b> 4570 HAWKSBILL CT. <b>CITY-ST-ZIP</b> MELBOURNE BCH FL 32951	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> ST <b>NAME</b> BRADDOCK, MARIANNE L <b>STREET ADDRESS</b> 4870 HAWKSBILL CT. <b>CITY-ST-ZIP</b> MELBOURNE BCH FL 32951	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **John B. Braddock** **4/28/03** **321-255-9877**

CR2ED34 (10/02)