

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90126 026 ***150.00

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1. Entity Name
S.E.D. AIRWORTHINESS CERTIFICATIONS INC.



Principal Place of Business
**7350 WESTPOINTE BLVD
UNIT 223
ORLANDO FL 32835**

Mailing Address
**7350 WESTPOINTE BLVD
UNIT 223
ORLANDO FL 32835**

40004114



2. Principal Place of Business

7242 woodville Crescent

Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA

Zip
32819

Country
USA

3. Mailing Address

7242 woodville Crescent

Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA

Zip
32819

Country
USA

4. FEI Number **65-0539321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAUNDERS, STEVEN K
7350 WESTPOINTE BLVD
UNIT 223
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

SAUNDERS President

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

(NOTE: Registered Agent signature required when reinstating)

1/7/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SAUNDERS, STEVEN K
7350 WESTPOINTE BLVD UNIT 223
ORLANDO FL 32835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SAUNDERS, ELKE K
7350 WESTPOINTE BLVD UNIT 22
ORLANDO FL 32835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
WILLIAMS, DANIELA
39 GLENN DRIVE
TOLLAND CT 06084** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SAUNDERS STEVEN K.
7242 woodville Crescent
ORLANDO, FLORIDA 32819** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SAUNDERS ELKE K
7242 woodville Crescent
ORLANDO, FLORIDA 32819.** ☒ Change ☐ Addition

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

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

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

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

SAUNDERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03 (407) 522-6474

CR2E034 (10/02)