2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

SIGNATURE/

PALM BEACH GARDENS FL 33418

39 SAINT THOMAS DRIVE

P99000056085

Mailing Address 39 SAINT THOMAS DRIVE

PALM BEACH GARDENS FL 33418

1. Entity Name

SOUTHEAST TURBINE AIRCRAFT SALES, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90141 043 ***150.00

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ALM BEACH GARDENS FL 33418 FALM BEACH GARDENS FL 33418										
Principal Pla	ace of Business	3. Mailing Address) (DEI(DB) (IB IBIID IDIII BBIII DBIII DB	114 88141 81111	#### ##### ###	(B) 31() (B)	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES				
City & State	City & State	late .			4. FEI Number 65-0928802 Applied For Not Applicable					
Zip	Zip Country Zip			Country		This care of the second	□ Fe	8.75 Addit e Required		
	6. Name and Address of Current F	legistered Agent		ن السيار ال	7. Na	me and Address of New Regl	stered Ag	ent		
				Name						
TROMBLEY, DAVID M				Street Address (P.O. Box Number is Not Acceptable)						
39 ST THO					_					
PALM BEA	CH GARDENS FL 33418		ļ			<u> </u>		7in Codo		
	•			City			FL	Zip Code		
the obligati	named entity submits this statement for ons of registered agent.	the purpose of changing it	s registere	ed office or regis	stered age	nt, or both, in the State of Florid		niliar with, a	ino accept	
IGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	d Agent signature requ	uired when rein	stating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		·	3	 Election Campaign Finan Trust Fund Contribution. 	cing 🔲	\$5.0 6 Added	May Be to Fees	
	OFFICERS AND		11.		ADI	DITIONS/CHANGES TO OFFICI	RS AND [IRECTORS	IN 11	
ITLE	D	☐ Delete	TITLE				l	☐ Change	Addition	
IAME STREET ADDRESS	TROMBLEY, DAVID M 39 SAINT THOMAS DRIVE PALM BEACH GARDENS FL 3341	8	1	E EET ADDRESS ~ST-ZIP	_			<u></u>		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITU NAM STR	i				☐ Change	☐ Addition	
indicated	certify that the information supplied wit d on this report or supplemental report is propration or the receiver or trustee emp d, or on an attactment with an address.	s true and accurate and the	for the exe at my signa ort as requ	emption stated	in Section the same of 607, Flori	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa da Statutes; and that my name	urther cert th; that I a appears in	ify that the i m an officer Block 10 o	nformation or director r Block 11 if	

OFFICER OR DIRECTOR PROPERTY Date Date Dayline Phone #