

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90153 029 ***150.00

DOCUMENT # P96000036067
1. Entity Name
SECOND FOUNDATION CONSULTING CORPORATION



Principal Place of Business
**510 SUNSET RD.
BOYNTON BEACH FL 33435**

Mailing Address
**510 SUNSET RD.
BOYNTON BEACH FL 33435**



2. Principal Place of Business
2530 MERIDIAN PARKWAY
Suite, Apt. #, etc.
3RD FLOOR

3. Mailing Address
2001-180 Columbia St. W.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DURHAM, NC
Zip
27713

City & State
Waterloo, ON
Zip
N2L 3L3

4. FEI Number
65-0681186

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
POPOWICH, DAVID
555 HEMINGWAY PLACE
WATERLOO, ONTARIO N2T 1Z4** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CHECKLUCK, PETER
510 SUNSET RD
BOYNTON BCH FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

DAVID POPOWICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2003
Date

579-885-2040
Daytime Phone #

CR2E034 (10/02)