

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90060 037 \*\*\*150.00

**DOCUMENT # P98000072854**

1. Entity Name  
**SECOND JACZ ENTERPRISES, INC.**

Principal Place of Business <b>205 APOLLO BEACH BLVD.          APOLLO BEACH FL 33572</b>	Mailing Address <b>P.O. BOX 3159          BRANDON FL 33509</b>
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00010013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3530744**      Applied For  
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WOODWARD, ANTHONY G  
 2024 WEST CLEVELAND STREET  
 TAMPA FL 33606**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>PSD</b>	<b>HUNT, HAROLD E</b>	<b>3903 NAPA PLACE</b>							
		<b>VALRICO FL 33594</b>					<b>3808 SOUTH NINE DR</b>	<b>VALRICO FL 33594</b>		
	<b>VTD</b>	<b>SANDLER, SCOTT M</b>	<b>3808 SOUTH NINE DRIVE</b>							
		<b>VALRICO FL 33594</b>								

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott M. Sandler      Date: 2-4-01      Daytime Phone #: 813-230-6689

CR2E034 (10/00)