

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K00119

Entity Name

SECRET ACQUISITION I, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90099 022 \*\*\*158.75

Principal Place of Business

Mailing Address

HARNEY RD.  
FL 33610

6429 HARNEY RD.  
TAMPA FL 33610-9593

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Principal Place of Business

3. Mailing Address

Apartment, Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number **59-2864885**

Applied For  
Not Applicable

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANOWICZ, DONALD E  
6429 HARNEY ROAD  
TAMPA FL 33610

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

If corporation is eligible to satisfy its Intangible Filing requirement and elects to do so, (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ZIP	PTD GRANOWICZ, DONALD E. 6429 HARNEY RD. TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	DS CLARK, HENRY B 6429 HARNEY RD. TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIC F. GRANOWICZ 6429 HARNEY ROAD TAMPA, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHRISTIE J. GRANOWICZ 1230 APOLLO BEACH BLVD APOLLO BEACH, FL 33572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DONNA GRANOWICZ 3214 CHEVIOT DRIVE TAMPA, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 furnished 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD E. GRANOWICZ

Date

Daytime Phone #

3/10/00 (813) 623-1111

CR2E034 (9/99)