

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78185

1. Entity Name
SECOND 26 CORP.

Principal Place of Business
% J. BOB HUMPHRIES
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

Mailing Address
% J. BOB HUMPHRIES
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 98-0104386

Applied For
Not Applicable

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

HUMPHRIES, J. BOB
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

Name
Cody W. Waters
Street Address (P.O. Box Number is Not Acceptable)
Fowler, White Law Firm
501 E. Kennedy Blvd., #1700
City Tampa FL Zip Code 33602

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 *Cody W. Waters*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DSTV
NAME KAWAJA, PAUL
STREET ADDRESS 501 E. KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE AS
NAME HUMPHRIES, J. BOB
STREET ADDRESS 501 E KENNEDY BV 1700
CITY-ST-ZIP TAMPA FL ☒ Delete

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

TITLE DP
NAME ANDERSON, ANDREW
STREET ADDRESS 501 E. KENNEDY BLVD., 1700
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Andrew Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrew Anderson, Director/President

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90397 003 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)