

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90002 026 ****61.25

0012108

DOCUMENT # N00000002659

1. Entity Name

SECOND BYTE INC.



Principal Place of Business

2690 68TH AVE S
 ST PETERSBURG FL 33712

Mailing Address

2690 68TH AVE S
 ST PETERSBURG FL 33712

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Same

City & State

Same

Zip

33712-5625

Country

Pinellas

Zip

Same

Country

Same

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required.

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

THOMPSON, JAMES B
 333 3RD AVE N, 4TH FL
 ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Same
 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

Aubrey W Cole, President
[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 \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, A W 2690 68TH AVE S ST PETERSBURG FL 33712	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOLTZER, DON 2690 68TH AVE S ST PETERSBURG FL 33712	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED COLE, GAYLIA 2690 68TH AVE S ST PETERSBURG FL 33712	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

AT LARGE
Cole, Gaylia
2690-68th Ave S
St. Petersburg FL 33712
Secretary / Director
Sharon Swan
6273 Bahia del Mar # 214
St. Petersburg FL 33715

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 617, 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:

Aubrey W Cole, President
SIGNATURE REQUIRED

13 Aug 2001 *727 867-2239*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)