

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90427 003 \*\*\*150.00

DOCUMENT # **P00000003313**

1. Entity Name  
**SECOND CHANCE DISTRIBUTORS, INC.**

Principal Place of Business      Mailing Address  
**1457 BAY GROVE DRIVE**      **1457 BAY GROVE DRIVE**  
**PORT ORANGE FL 32119**      **PORT ORANGE FL 32119**

00000026



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-3611511**      Not Applicable

5. Certificate of Status Desc            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMILTON, JOAN**  
**2625 N.E. 6TH AVE**  
**WILTON MANORS FL 33334**

7. Name and Address of New Registered Agent

Name **Bindy Vickers**  
 Street Address (P.O. Box Number is Not Acceptable) **1457 Bay Grove Dr.**  
**Port Orange**  
 City      Zip Code **32119**

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 *Cindy Vickers*

4/25/01

Signature typed or printed name of registered agent and the name date (NOTE: Registered Agent's signature required when re-registered) 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

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>VICKERS, JEFF</b>        |                                 |
| STREET ADDRESS | <b>1457 BAY GROVE DRIVE</b> |                                 |
| CITY-STATE-ZIP | <b>PORT ORANGE FL 32119</b> |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>VICKERS, CINDY</b>       |                                 |
| STREET ADDRESS | <b>1457 BAY GROVE DRIVE</b> |                                 |
| CITY-STATE-ZIP | <b>PORT ORANGE FL 32119</b> |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |

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

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

SIGNATURE: *Cindy Vickers*

4/25/01      386-424-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Digitally Certified

CR2E034 (10/00)