

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000003313

FILED  
Apr 22, 2002 8:00 AM  
Secretary of State

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

**Current Principal Place of Business:**

1457 BAY GROVE DRIVE  
PORT ORANGE, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

1457 BAY GROVE DRIVE  
PORT ORANGE, FL 32119

**New Mailing Address:**

**FEI Number:** 59-3611511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VICKERS, CINDY  
1457 BAY GROVE DRIVE  
PORT ORANGE, FL 32117 US

**Name and Address of New Registered Agent:**

VICKERS, CINDY  
1457 BAY GROVE DRIVE  
PORT ORANGE, FL 32119 US

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

04/22/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VICKERS, JEFF  
Address: 1457 BAY GROVE DRIVE  
City-St-Zip: PORT ORANGE, FL 32119

Title: D ( ) Delete  
Name: VICKERS, CINDY  
Address: 1457 BAY GROVE DRIVE  
City-St-Zip: PORT ORANGE, FL 32119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CINDY VICKERS

D

04/22/2002

Electronic Signature of Signing Officer or Director

Date