## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P00000099926

1. Entity Name

City & State

DISLER, MICHAEL M

329 S. COMMERCE AVE. SEBRING FL 33870

the obligations of registered agent.

Zip

SIGNATURE

TITLE .

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

SECOR MANAGEMENT, INC.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

SECOR, MICHAEL

1921 BAMBI COURT

SEBRING FL 33875

DISLER. MICHAEL M

SEBRING FL 33872

329 S. COMMERCE AVE.



Country

11.

TITLE

NAME

TITLE

NAME

TITI F

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

Delete

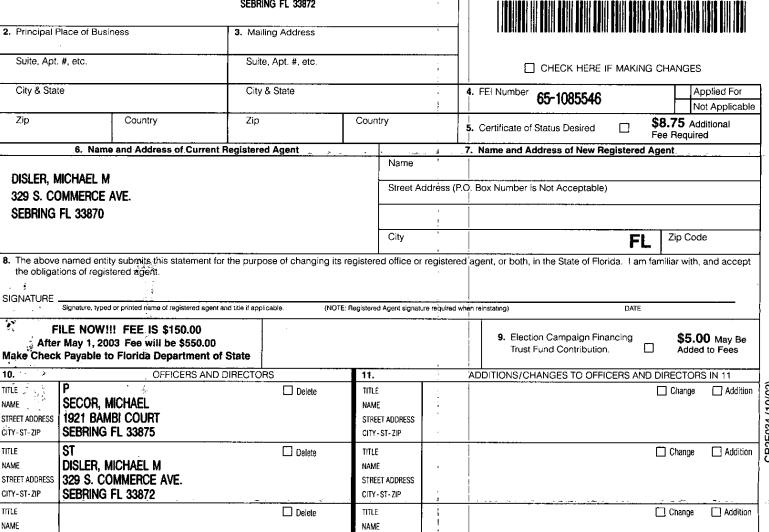
City

Principal Place of Business Mailing Address 801 LAKE SEBRING DRIVE SECAR MANAGEMENT, INC SEBRING FL 33870 **POBOX 1449** SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

## **FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90201 010 \*\*\*150.00



12. Thereby 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 many 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 trusted empowered to execute this prort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

☐ Change

☐ Change

Change

☐ Addition

Addition

☐ Addition