

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90105 027 ***150.00

DOCUMENT # P97000018034

1. Entity Name
SECOND CHOICE, INC.

Principal Place of Business

**1100 N DIXIE HWY
WEST PALM BEACH FL 33401
US**

Mailing Address

**1100 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401**

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 65-0731931

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

**DAVIDOV, ALEX A
1100 NORTH DIXIE HWY
WEST PALM BEACH FL 33401**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD DAVIDOV, ALEX A
1100 NORTH DIXIE HIGHWAY
WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALEX DAVIDOV

Date

Daytime Phone #

9/12/02

561/655-4230

CR2E034 (4/02)



Attachment
SECOND CHOICE INC.

Used Cars, ~~Auto Sales~~, Auto Repairs
1100 N Dixie Hwy W.P.B. FL 33401

Ph: (561) 655-4230
Fax: (561) 655-1262

872424

TO: FLORIDA DEP. OF STATE

RE: P97000018034

Please be advised, ~~THAT~~ WE AT SECOND CHOICE, INC.
DID NOT RECEIVE 1ST NOTICE.

THE ONLY NOTICE WE RECEIVE IS ~~THAT~~ WITH A LATE
CHARGE OF \$400⁰⁰ WHICH WE ASKING TO BE WAIVED.

Also, included check for \$150⁰⁰.

THANK YOU!

Sincerely

A. Brown / PMS