

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050786

1. Entity Name

SECOND BARRACUDA MANAGEMENT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90001 022 ***150.00

Principal Place of Business

1850 S.E. 17TH ST. CAUSEWAY
 SUITE 206
 FT. LAUDERDALE FL 33316

Mailing Address

~~1410 JANICE CT.~~
 JOPPA MD 21085-1112

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

34 LAUREN KNOLL CT

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

BALDWIN MD

Zip

21013

Country

4. FEI Number

52-2041730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CURTIS, CHARLES L ESQ.
 1177 S.E. 3RD AVENUE
 FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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.

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 \$150.00
After MAY 1, 2000 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

TITLE D
 NAME DIFATTA, TONY
 STREET ADDRESS 1110 JANICE CT.
 CITY-ST-ZIP JOPPA MD 21085 ☐ Delete

TITLE D
 NAME DIGIORGIO, SAL
 STREET ADDRESS 55 MARKET PLACE
 CITY-ST-ZIP BALTIMORE MD 21202 ☐ Delete

TITLE D
 NAME OTTE, JIM
 STREET ADDRESS 608 S. MAIN ST.
 CITY-ST-ZIP BEL AIRE MD 21014 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 34 LAUREN KNOLL CT
 CITY-ST-ZIP BALDWIN MD 21013 ☒ Change ☐ Addition

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

TITLE
 NAME A BROOK MEADOW CIRCLE
 STREET ADDRESS SHREWSBURY PA 17361 ☒ Change ☐ Addition

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

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

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

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

Date

Daytime Phone #

4-12 410 817 9686