2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECOND CAPITAL FUNDING CORP.



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Sum. Ap. 6. etc. Sum. Ap. 6.	SARASOTA FL 34237			HOU	HOUSTON TX 77056									
Suite, Apr. 4, etc. Suite	2. Principal Place of Business											III BIII	HATAL HALL HARL	
City & State Country	Suite, Apt	. #, etc.	*	Su	Suite. Apt. #. etc.			VEST						
City & State Country				15	SUTTE 1840				☐ CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numb	City & State			Cit	City & State			4.	4. FEI Number 65-0850983					
SABA, RICHARD D ESQ. 2033 MAIN STREET 2033 MAIN STREET 303 SARASOTA FL 34237 City FL Zip Code ### 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 originations of registered agent with a registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the originations of registered agent without in the State of Florida. I am familiar with, and accept the origination of registered agent without in the State of Florida. I am familiar with, and accept the origination of registered agent without in the State of Florida. I am familiar with, and accept the origination of registered agent without in the State of Florida. I am familiar with, and accept the origination of registered agent without in the State of Florida. I am familiar with, and accept the origination of registered agent without in the State of Florida. I am familiar with, and accept the origination of registered agent or both, in the State of Florida. I am familiar with, and accept the origination of registered agent or both, in the State of Florida. I am familiar with, and accept the origination of registered agent or both, in the State of Florida. I am familiar with, and accept the origination of registered agent or both, in the State of Florida. I am familiar with, and accept the origination of registered agent or both, in the State of Florida. I am familiar with, and accept the origination of registered agent or both, in the State of Florida. I am familiar with, and accept the origination of registered agent or both in the State of Florida. I am familiar with, and accept the origination of registered agent or both in the State of Florida. I am familiar with, and accept the origination of registered agent or both in the State of Florida. I am familiar with, and accept the origination of registered agent or registered agent or both in the State of Florida. I am familiar with,	Zip		Country	Zip)	Countr	ry	5.	Certificate of Status [Desired _		75 Ad	ditional	
SABA, RICHARD D ESO 2033 MAIN STREET SUITE 303 SARASOTA FL 34237 © Try © The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Horida. I am familiar with, and accept the collegation of registered agent, or both, in the State o		6. Name	and Address of C	urrent Register	ed Agent		WILDE	7. 1	Name and Address	of New Registe			,,,	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO