

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036223

1. Entity Name

SEC DEVELOPMENT CORP.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90082 049 ***158.75

Principal Place of Business

Mailing Address

3906 CARROLLWOOD PLACE CIRCLE
307
TAMPA FL 33624

3906 CARROLLWOOD PLACE CIRCLE
307
TAMPA FL 33549-9718

2. Principal Place of Business

19326 AQUA SPRINGS DR.
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lutz FL

City & State

City & State

4. FEI Number

59-3505681

Applied For

Not Applied

Zip

Country

Zip

Country

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

KAUFMAN, SAMUEL
3906 CARROLLWOOD PL. CIRCLE
UNIT 307
TAMPA FL 33624

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

Samuel Kaufman Pres.

Samuel Kaufman

1/5/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KAUFMAN, SAMUEL	
STREET ADDRESS	3906 CARROLLWOOD PLACE CIR. #307	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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:

Samuel Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

813 948 6472
Daytime Phone #