2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90020 013 ***158.75

DOCUMENT # P98000075358

1. Entity Name
SECOND SOURCE, INC.

Principal Place of Business	Mailing Address
4420 INDEPENDENCE COURT SARASOTA FL 34234	4420 INDEPENDENCE COURT SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2034 Harvard Street		2034 Harvard Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34237	Country: USA	Zip: 34237	Country: USA

4. FEI Number 65-0863640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOFLER, CHRISTIAN C
4420 INDEPENDENCE COURT
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name: Kofler, Christian C.
Street Address (P.O. Box Number is Not Acceptable): 2034 Harvard Street
City: Sarasota, FL **FL** Zip Code: 34237

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: Christian C. Kofler 4/29/02
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, 2002 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	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	KOFLER, CHRISTIAN C		NAME		
STREET ADDRESS	910 SIESTA KEY PLACE		STREET ADDRESS	2034 Harvard Street	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	KOFLER, CAROLYN A		NAME		
STREET ADDRESS	910 SIESTA KEY PLACE		STREET ADDRESS	2034 Harvard Street	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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: Carolyn Kofler 4/29/2002 (941)955-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #