

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90190 001 *1,350.00

DOCUMENT # P99000023961

1. Entity Name

SECOND BUSINESS SERVICE GROUP, INC.

Principal Place of Business

**2503 W GARDNER CT
TAMPA FL 33611**

Mailing Address

**2503 W GARDNER CT
TAMPA FL 33611**

2. Principal Place of Business

1066 West Hastings St

Suite, Apt. #, etc.

2000

City & State

Vancouver, B.C.

3. Mailing Address

1066 West Hastings St

Suite, Apt. #, etc.

2100

City & State

Vancouver, B.C.

Zip

V6E 3X2

Country

Canada

Zip

V6E 3X2

Country

Canada

6. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL T
2503 W GARDNER CT
TAMPA FL 33611**

4. FEI Number

59-3651774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 Michael T. Williams, Reg'd Agent

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

April 30, 2002

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL T	
STREET ADDRESS	2503 W GARDNER CT	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francoise R. Otto	
STREET ADDRESS	2000-1066 West Hastings St.	
CITY-ST-ZIP	Vancouver, B.C. Cda V6E 3X2	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Francoise R. Otto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002 604-687-8080

Date

Daytime Phone #

CR2E034 (9/01)