

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043762

1. Entity Name

SECOND CHAIR SOFTWARE, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90075 048 \*\*\*150.00

Principal Place of Business

Mailing Address

560 1ST AVENUE NORTH  
ST. PETERSBURG FL 33701

560 1ST AVENUE NORTH  
ST. PETERSBURG FL 33701-3702

2. Principal Place of Business

300 THIRD AVENUE NORTH

Suite, Apt. #, etc.

3. Mailing Address

300 THIRD AVENUE NORTH

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG FLORIDA

Zip

Country

33701

USA

City & State

ST. PETERSBURG FLORIDA

Zip

33701

Country

USA

4. FEI Number

59-3580986

Applied For

Not Applicable

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

WALBOLT, SYLVIA H ESQ.  
ONE PROGRESS PLAZA, SUITE 2300  
200 CENTRAL AVE.  
ST. PETERSBURG FL 33701-4352

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALBOLT, DANIEL JR.  
CITY-ST-ZIP 560 1ST AVENUE NORTH  
ST. PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 300 THIRD AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG - FL - 33701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00  
Date

7278982500  
Daytime Phone #