

2001 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2

DOCUMENT # **P99000075892**

1. Entity Name

SECOND CITY INSURANCE CORP.

Principal Place of Business

Mailing Address

FILED

01 MAY -4 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

P.O. BOX 21527

3. Mailing Address

P.O. BOX 21527

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number

59-3596076

Applied For

Not Applicable

Zip
33620

Country

Zip

33620

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

**CRAIG MOYSS
SECOND CITY CO.
6604 N. HARNEY RD. SUITE A
TAMPA, FL 33610**

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

4/27/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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 **P. VP. T. S**
STREET ADDRESS **HOWARD MOYSS**
CITY-ST-ZIP **PO BOX 21527 TAMPA, FL 33620**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **600004272016--3**
CITY-ST-ZIP **-05/21/01--01002--014**
*****300.00 ***300.00**
☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Craig Moyss / Howard Moyss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & DIRECTOR

4/26/01
Date

(813)635-0622
Daytime Phone #

CR2E037 (11/00)



24 Hrs. Checks Cashed

Post Office Box 21527
Tampa, Florida 33622-1527
813.635.0622
8 3.635.9473 fax

April 27, 2001

Uniform Business Report
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Second City Insurance Corp. / FEIN#59-3596076

To Who It May Concern:

I was recently informed that the above referenced corporation was dissolved by the state. This information came to our attention earlier this week after we failed to receive our 2001 Uniform Business Report. After further investigation, we were told that our 2000 Uniform Business Report was returned as undeliverable by the postal service.

We regret the oversight on our part regarding the lapse and respectfully request a one-time waiver of the reinstatement fee. We did move the physical location of our business and did file a forwarding request with the postal service. However, in this instance, the Uniform Business Report was not forwarded. We have completed a new Uniform Business Report, including our new mailing address, and have now added this report filing to our yearly calendar.

Your consideration on this matter is greatly appreciated.

Very truly yours,
Second City Insurance Corp.

A handwritten signature in black ink that reads 'Howard Moss'.

Howard Moss
President