

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90354 031 \*\*\*150.00

**DOCUMENT # P99000102380**

1. Entity Name  
**SECOND HOME, INC.**

Principal Place of Business  
**205 E. CENTRAL BLVD.**  
**SUITE 601**  
**ORLANDO FL 32801**  
**US**

Mailing Address  
**205 E. CENTRAL BLVD.**  
**SUITE 601**  
**ORLANDO FL 32801**  
**US**

2. Principal Place of Business  
**236 OAK CHASE PLACE**

Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**DAVENPORT, FLORIDA**

Zip  
**33896-6102**

Country  
**US**

City & State

Zip Country

4. FEI Number  
**59-3623339**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**J. BENNETT GROCOCK, P.A.**  
**205 E. CENTRAL BLVD., SUITE 601**  
**ORLANDO FL 32801**

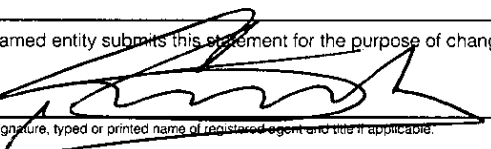
7. Name and Address of New Registered Agent

Name  
**S.F. GUICHERIT**

Street Address (P.O. Box Number is Not Acceptable)  
**236 OAK CHASE PLACE**

City **DAVENPORT** **FL** Zip Code **33896**

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:  **GUICHERIT, S.F.** **4/24/02**

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

TITLE  
**D3** ☒ Delete  
 NAME  
**VAN DIJK, HENK**  
 STREET ADDRESS  
**205 E. CENTRAL BLVD., STE. 601**  
 CITY-ST-ZIP  
**ORLANDO FL 32801**

TITLE  
**DPST** ☐ Delete  
 NAME  
**BADRISING, SAKHILA D**  
 STREET ADDRESS  
**205 E. CENTRAL BLVD., STE. 601**  
 CITY-ST-ZIP  
**ORLANDO FL 32801**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS  
**236 OAK CHASE PLACE**  
 CITY-ST-ZIP  
**DAVENPORT, FL 33896-6102**

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

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

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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:  **GUICHERIT, S.F.** **863 4202697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/24/02** Daytime Phone #

CR2E034 (9/01)