FILED

WAYNE BANTING 3-28-01

RECTOR 1-7 Darp a Encorpt 26-28/8

## **2001 UNIFORM BUSINESS REPORT (UBR)**

with an address, with all other like empowered.

changed, or on an atta

## Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # V03094** 1. Entity Name SECOND NATURE OF TAMPA BAY, INC. 04-03-2001 90102 007 \*\*\*150.00 Principal Place of Business Mailing Address 2405 COUNTRY TRAILS DRIVE 2405 COUNTRY TRAILS DRIVE SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 C0041144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3094427 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANTING, WAYNE Street Address (P.O. Box Number is Not Acceptable) 2405 COUNTRY TRAILS DRIVE SAFETY HARBOR FL 34695 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete NAME BANTING, WAYNE NAME STREET ADDRESS STREET ADDRESS 2405 COUNTRY TRAILS DR CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS 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 semental 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if