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**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0200000837

1. Entity Name
 CENTRAL FLORIDA SMALL BUSINESS ASSISTANCE
 CENTER, INC.

Principal Place of Business
 413 SW 4TH AVENUE
 GAINESVILLE, FL 32601

Mailing Address
 413 SW 4TH AVENUE
 GAINESVILLE, FL 32601

2. Principal Place of Business
 901 NW 8TH AVENUE
 SUITE D-1
 GAINESVILLE, FL 32601

Mailing Address
 P.O. Box 1174
 GAINESVILLE, FL 32602

3. City & State
 GAINESVILLE, FL

4. City & State
 GAINESVILLE, FL

4. FBI Number
 02-0544238

5. Certificate of Status Desired
 50.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MATRIX CORPORATION
 413 SW 4TH AVENUE
 GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent
 Name: **MATREX CORPORATION**
 Street Address (P.O. Box Number is Not Acceptable):
 901 NW 8TH AVENUE, SUITE D-1
 City: **GAINESVILLE** FL **32601**

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Olivia L. Crawford*, **OLIVIA L. CRAWFORD** 4/16/03

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D CRAWFORD, ALLEN E. 3841 WEST HIGHWAY 318 REDDICK, FL 32688	<input type="checkbox"/> Delete
TITLE D GORDON, CARMEN D POST OFFICE BOX 340 REDDICK, FL 32688	<input checked="" type="checkbox"/> Delete
TITLE D WILLIAMS, ROBA B 423 NW 6TH PLACE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D CRAWFORD, KENDRA B 214 COLUMBIA DRIVE, #027 TALLAHASSEE, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with whether the empowered.

SIGNATURE: *Allen E. Crawford*, **Allen E. Crawford** 4/16/03 352-393-1199

55046855

CHECK HERE IF MAKING CHANGES

OFFICER (10/03)