

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90235 044 ***158.75

DOCUMENT # 508466

1. Entity Name

SMALL BUSINESS SERVICE BUREAU, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

554 MAIN STREET

Suite, Apt. #, etc.

P.O. BOX 15014

City & State

WORCESTER, MA

Zip

01615-0014

Country

3. Mailing Address

554 MAIN STREET

Suite, Apt. #, etc.

P.O. BOX 15014

City & State

WORCESTER, MA

Zip

01615-0014

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1700140

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSYTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S.PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DT
CARROLL, FRANCIS R.
PO BOX 15014
WORCESTER, MA 01615-0014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**C
GREENLAW, PATRICIA A.
PO BOX 15014
WORCESTER, MA 01615-0014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
CARROLL, BRIAN K.
PO BOX 15014
WORCESTER, MA 01615-0014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

CR2E034B (12/02)