## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## F00000003032 **DOCUMENT #**

1. Entity Name

SMALL BUSINESS CAPITAL CORP.



**FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90154 030 \*\*\*150.00

Principal Place of Business 150 LAKE CAROL DRIVE WEST PALM BEACH FL 33411		Mailing Address 150 LAKE CAROL DRIVE WEST PALM BEACH FL 33411		7	Li <b>ndhiar</b> hai <b>be</b> dar <b>ed</b> ah <b>ed</b> ah berhi beni beni be	!!! <b>13:13:</b> 1:11: <b>10</b>	/
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 13-3945010 Applied For		
Zip	Country	Zip	Country	-	5. Certificate of Status Desired	\$8.75 A	Not Applicable Additional
6. Name and Address of Current Registered Agent			<del></del>		7. Name and Address of New Registered	Fee Requi	ired
	LANCE E CAROL DRIVE NLM BEACH FL 33411		NameStreet Ad	_~	D. Box Number is Not Acceptable)	Agent	
<u></u>			City	·	F	Zip Co	
8. The above	e named entity submits this statement for	or the purpose of changing it	s registered office or re	egistered	agent, or both, in the State of Florida. I an	a familiar with	
SIGNATURE			TE: Registered Agent signature			Tiamilia: Will	i, and accept
Afte Make Checi	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		- Indiana Allo	9. Election Campaign Financing	\$5.0 Adde	00 May Be
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIBECTOR	39 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PCSD MALKIN, ALISON 11 N. HAMPTON DR. CHARLESTON SC 29407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
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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 Block 11 if SQUALUS. SIGNATURE: