

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33575

1. Entity Name

SMALL BUSINESS SERVICE CENTERS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90008 033 ***150.00

Principal Place of Business

15451 N. FLORIDA AVE.
LUTZ FL 33549

Mailing Address

15951 N. FLORIDA AVE.
LUTZ FL 33549-8100

2. Principal Place of Business

15951

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2322166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, STEWARD L.
3557 LAKE BREEZE DR
LAND O'LAKES FL 34639

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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, 2000 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 DPT
NAME STAFFORD, STEWARD L
STREET ADDRESS 3557 LAKE BREEZE DRIVE
CITY-ST-ZIP LAND O'LAKES, FL 00000

☐ Delete

TITLE DS
NAME STAFFORD, SYLVIA A
STREET ADDRESS 3557 LAKE BREEZE DRIVE
CITY-ST-ZIP LAND O'LAKES, FL 00000

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-00

813 963 5577