

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90457 001 *****8.75
 04-24-2002 90457 002 *****61.25

DOCUMENT # N00000002480

1. Entity Name

FLORIDA ASSOCIATION FOR MICROENTERPRISE, INC.

Principal Place of Business

Mailing Address

6260 NORTH OCEAN BLVD.
 OCEAN RIDGE FL 33435

6260 NORTH OCEAN BLVD.
 OCEAN RIDGE FL 33435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1023597

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAINE, TAMARA
 6260 NORTH OCEAN BLVD.
 OCEAN RIDGE FL 33435

Name ALLISON, DR. LYNN
 Street Address (P.O. Box Number is Not Acceptable)
6260 NORTH OCEAN BLVD
 City OCEAN RIDGE FL Zip Code 33435

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HORVATH, DAN 302 N BARCELONA STREET PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TOWNSEND, FRANCES 2105 N NEBRASKA AVENUE TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, ROSA 1350 E 4 MAHAN DRIVE #212 TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, JOHN 324 DATURA STREET #201 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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)(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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: DR. LYNN ALLISON 4/10/02 (561) 743-1234
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)