

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000858

1. Entity Name

FLORIDA SMALL DISADVANTAGED MANUFACTURERS CORPOR

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90452 025 ****61.25

Principal Place of Business

Mailing Address

390 N ORANGE AVE
SUITE 1300
ORLANDO FL 32801
US

P O BOX 4013
TALLAHASSEE FL 32315-4013

2. Principal Place of Business

3. Mailing Address 325 W. GAINES STREET
Room 744, 32399

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32399

4. FEI Number

59-3170984

Applied For

Not Applicable

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

PEREZ, D J BUDDY
390 N ORANGE AVE
STE 1300
ORLANDO FL 32801

Name

Bush, Micheal

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

5600 Sand Lake Road MS 141

City

Orlando,

FL

Zip Code
32819

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

4-28-2000

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	D	<input type="checkbox"/> Delete
NAME	BUSH, MICHEAL	
STREET ADDRESS	5600 SANDLAKE RD M S 141	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEBORD, RICK	
STREET ADDRESS	2000 W NASA BLVD	
CITY-ST-ZIP	MELBOURNE FL 32904-2322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, TONY	
STREET ADDRESS	1500 GATEWAY BLVD M.S. 100	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARD, PEARL	
STREET ADDRESS	P O BOX 99000 (MZ 15-1164)	
CITY-ST-ZIP	MELBOURNE FL 32902	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, SAM	
STREET ADDRESS	2930 COMMONWEALTH BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN, DEBORAH	
STREET ADDRESS	P.O. Box 21232 MC JA91-T930	
CITY-ST-ZIP	Kennedy Space Center, FL 32815-0232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence S Taylor, LAWRENCE S	
STREET ADDRESS	325 West Gaines Str. Room 744	
CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, D.J. Buddy	
STREET ADDRESS	P.O. Box 109600 M/S 710-40	
CITY-ST-ZIP	West Palm Beach, FL 33410-9600	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REGISTRAR LAWRENCE S. Taylor April 24, 2000 850/487-1040

CR2E037 (9/99)