

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90308 037 \*\*\*\*61.25

**DOCUMENT # N93000000858**

1. Entity Name

**FLORIDA SMALL DISADVANTAGED MANUFACTURERS CORPORA**

Principal Place of Business

390 N ORANGE AVE  
 SUITE 1300  
 ORLANDO FL 32801  
 US

Mailing Address

325 GAINES STREET  
 ROOM 744  
 TALLAHASSEE FL 32399

2. Principal Place of Business

P.O. Box 690267  
 Suite, Apt. #, etc.

3. Mailing Address

2002 Old St. Augustine Rd  
 Suite, Apt. #, etc.  
 Building A

City & State

Orlando, FL

City & State

Tallahassee, FL

Zip

32869-0267

Country

USA

Zip

32301-4862

Country

USA

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

BUSH, MICHAEL  
 5600 SAND LAKE RD  
 MS 141  
 ORLANDO FL 32819

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, MICHAEL 5600 SANDLAKE RD M S 141 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, SAM 2930 COMMONWEALTH BLVD. TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELVIN, DEBORAH PO BOX 21233 MC J491-T930 KENNEDY SPACE CENTER FL 32815-0232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRED say both PO Box 39 Melbourne, FL 32902-9101	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lawrence S. Taylor 2002 Old St. Augustine Road, Bldg. A Tallahassee, FL 32399-4881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 all other like empowered.

SIGNATURE:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2001

921-5910x210  
 Date Daytime Phone #

CR2E037 (10/00)