2000 UNIFORM BUSINESS REPORT

DOCUMENT # N99000000498

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90252 036 ****61.25

A0068410

DO NOT WRITE IN THIS SPACE

1. Entity Name

THE FLORIDA SMALL BUSINESS INITIATIVE, INC.

Principal Place of Business	Mailing Address
3111 SOUTH DIXIE HIGHWAY #222-48 WEST PALM BEACH FL 33405	3111 SOUTH DIXIE HIGHWAY #222-48 WEST PALM BEACH FL 33405-1557

2. Principal Place of Business	3. Mailing Address
C/O JAY GOLDBERG	~~931 VILLAGE BLVD.~~ C/O JAY GOLDBERG
Suite, Apt. #, etc. SUITE #221	Suite, Apt. #, etc. ~~#905-287~~ 513 U.S. Highway One Suite 22
City & State 513 U.S. HIGHWAY #1	City & State ~~WEST PALM BEACH FL~~ North Palm Beach FL 33408
Zip 33408 / Country USA	Zip ~~33409~~ / Country ~~USA~~

4. FEI Number 65-0888741 — 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
GOLDBERG, JAY D 513 U.S. HIGHWAY #1 #221 NORTH PALM BEACH FL 33408	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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE CHAIR ☐ Delete NAME SHIRLEY SIMPSON-WRAY STREET ADDRESS 1363 N. MANGONIA DR., CITY-ST-ZIP W. PALM BEACH, FL 33401 D	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE V. P. ☐ Delete NAME JOHN CLAYTON STREET ADDRESS 1015 ADAMS ST., CITY-ST-ZIP W. PALM BEACH, FL 33401 D	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE TREAS. ☐ Delete NAME JAY GOLDBERG STREET ADDRESS (ADDRESS ABOVE) CITY-ST-ZIP D	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE SECY. ☐ Delete NAME PAM ELA COLLINS STREET ADDRESS 1443 STONEWAY LANE CITY-ST-ZIP W. PALM BEACH, FL 33417 D	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ 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: _____ 3/10/00

4/26/01