

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000001965**1. Entity Name  
**SMALL BUSINESS MENTORS, INC.**

Principal Place of Business

**496 EASTBRIDGE DRIVE  
OVIEDO FL 32765**

Mailing Address

**496 EASTBRIDGE DRIVE  
OVIEDO FL 32765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3616591**

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****NICHOLAS, NICK****496 EASTBRIDGE DRIVE  
OVIEDO FL 32765**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PICKERING, CARL WAYNE  
52 CAROL ROAD  
ORMOND BY THE SEA FL 32176-3541** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Delete* ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
DACEY, JUDITH E  
773 S KIRKMAN ROAD SUITE 118  
ORLANDO FL 32811** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Delete* ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVST  
NICHOLAS, NICK  
496 EASTBRIDGE DRIVE  
OVIEDO FL 32765** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
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 667, 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 #

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90007 025 \*\*\*150.00

**978476**

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment 978476

# P00000001965

Florida Department of State  
Division of Corporations

September 7, 2001

To Whom it May Concern:

I have received a second notice of renewal, however, this is my first year as a corporation and I did not receive a first notification of renewal. Please waive the additional charge and accept my check for \$150.00 for my renewal fee.

Sincerely,



Nick Nicholas  
President

NN/hp