

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91166 029 \*\*\*150.00

DOCUMENT # P01000101853

1. Entity Name

SBIC America, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

301 W. PLATT STREET PMB 392

Suite, Apt. #, etc.

Hyde Park Center

City & State

Tampa FL

Zip

33606

Country

Hillsborough

3. Mailing Address

301 W. PLATT ST. PMB 392

Suite, Apt. #, etc.

Hyde Park Center

City & State

Tampa, FL

Zip

33606

Country

Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0024286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jimmy Trent

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

6408 N. Armenia Ave

Unit A

City

Tampa

FL

Zip Code  
33603

**DO NOT WRITE  
IN THIS SPACE**

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

Jimmy Trent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-07-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Annette Trent, President  
6408 N. Armenia Ave - Unit A  
Tampa, FL 33603

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Kathleen Cornell, VP.  
6408 N. Armenia Ave - Unit A  
Tampa, FL 33603

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen M Cornell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

813-993-1193

Daytime Phone #

CR2E034B (12/01)