

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90056 048 ***150.00

DOCUMENT # P01000101853



1. Entity Name
SBIC AMERICA, INC.

Principal Place of Business
**301 W. PLATT ST., PMB 392
TAMPA FL 33606**

Mailing Address
**301 W. PLATT ST., PMB 392
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **30-0024786**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TRENT, JIMMY
6408 N. AMERICA AVE. UNIT A
TAMPA FL 33603~~

Name

Capital Connection, Inc.

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

417 E. Virginia St.

Ste. #1

Tallahassee, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stacey Leggett
Signature, typed or printed name of registered agent, title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TRENT, ANNETTE**
STREET ADDRESS **6408 N. AMERICA AVE. U**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **Trent, Annette P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3420 Premier N Dr.**
CITY-ST-ZIP **Tampa FL 33624**

TITLE **VP** ☒ Delete
NAME **CORRELL, KATHLEEN**
STREET ADDRESS **6408 N ARMENIA AVE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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: Stacey Leggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 813 969 2626
Date Daytime Phone #

CR2E034 (10/02)