FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085407 (2)**

1. Corporation Name
SMALL BUSINESS BUREAU, INC.

Principal Place of Business	Mailing Address
950 S. WINTER PARK DR. SUITE 325 CASSELBERRY FL 32707	950 S. WINTER PARK DR. SUITE 325 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 801 DOUGLAS AVENUE
Suite, Apt. #, etc.
22 105
City & State
23 ALTAMONTE SPRINGS FL
Zip 24 32714 Country 25 SEMINOLE

2a. Mailing Address
26 801 Douglas Ave
Suite, Apt. #, etc.
27 105
City & State
28 Altamonte Springs FL
Zip 29 32714 Country 30 SEMINOLE

4. FEI Number: 59 3282966 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAKER, RAY
950 S. WINTER PARK DR.
SUITE 325
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 801 DOUGLAS AVE
83 SUITE 105
84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	BAKER, RAY	12 NAME		
STREET ADDRESS	950 S. WINTER PARK DR., SUITE 325	13 STREET ADDRESS	801 DOUGLAS AVENUE, SUITE 105	
CITY-ST-ZIP	CASSELBERRY FL 32707	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	21 TITLE	V/T/S/D	☒ Change ☐ Addition
NAME	LEVY, SUSAN	22 NAME		
STREET ADDRESS	950 S. WINTER PARK DR., SUITE 325	23 STREET ADDRESS	5182 LAZY OAKS DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	24 CITY-ST-ZIP	WINTER PARK, FL 32792-9233	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Levy SUSAN LEVY 4-24-95 407-682-3282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP