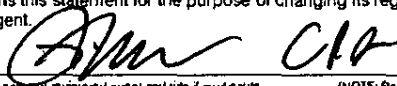
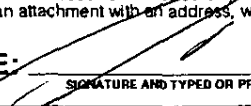


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90908 001 \*\*\*300.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     |                                                |                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DOCUMENT # P95000081287</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     |                                                |                                                                                                                                                                                                                                                           |                                                                |                                                        |
| 1. Entity Name<br><b>SMALL BUSINESS OWNER'S ASSOCIATION OF AMERICA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                |                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                        |
| Principal Place of Business<br><b>2000 PALM BEACH LAKES BLVD.<br/>4TH FLOOR<br/>WEST PALM BEACH, FL 33409</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                | Mailing Address<br><b>2000 PALM BEACH LAKES BLVD.<br/>4TH FLOOR<br/>WEST PALM BEACH, FL 33409</b>                                                                                                                                                         |                                                                                                                                                 |                                                        |
| 2. Principal Place of Business<br><b>3801 PGA BLVD.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | 3. Mailing Address<br><b>3801 PGA BLVD.</b>    |                                                                                                                                                                                                                                                           | <br><br><input type="checkbox"/> CHECK HERE IF MAKING CHANGES |                                                        |
| Suite, Apt. #, etc.<br><b>806</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     | Suite, Apt. #, etc.<br><b>806</b>              |                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                        |
| City & State<br><b>PALM BEACH GARDENS FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     | City & State<br><b>PALM BEACH GARDENS FL</b>   |                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                        |
| Zip<br><b>33410</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                                               | Zip<br><b>33410</b>                            | Country<br><b>USA</b>                                                                                                                                                                                                                                     | 4. FEI Number<br><b>65-0614293</b>                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                     |                                                |                                                                                                                                                                                                                                                           | <b>\$8.75 Additional Fee Required</b>                                                                                                           |                                                        |
| 6. Name and Address of Current Registered Agent<br><br><b>SMITH, LAWRENCE W ESQ<br/>701 US HWY 1<br/>STE 402<br/>NORTH PALM BEACH, FL 33468</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     |                                                | 7. Name and Address of New Registered Agent<br><br>Name<br><b>PETER V. DE SANCTIS, CPA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3801 PGA BLVD., SUITE 806</b><br><br>City<br><b>PALM BEACH GARDENS FL</b> Zip Code<br><b>33410</b> |                                                                                                                                                 |                                                        |
| 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.<br><br>SIGNATURE  DATE <b>4/29/03</b><br><small>(NOTE: Registered Agent's signature required when reinstating)</small>                                                                                                                                                                                                            |                                                                                                                     |                                                |                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                        |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                    |                                                                                                                                                 |                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                     |                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                     |                                                                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PTD<br>EISENBERG, JASON<br>2000 PALM BEACH LAKES BLVD.<br>WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>EISENBERG, JASON<br>3801 PGA BLVD., SUITE 806<br>PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |                                                                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VS<br>EISENBERG, TODD<br>2000 PALM BEACH LAKES BLVD.<br>WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>EISENBERG, TODD<br>3801 PGA BLVD., SUITE 806<br>PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |                                                                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                         |                                                                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                         |                                                                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                         |                                                                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                         |                                                                                                                                                 |                                                        |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                | 4/28/03 561-624-5700<br><small>Date Daytime Phone #</small>                                                                                                                                                                                               |                                                                                                                                                 |                                                        |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                |                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                        |

CR2E034 (10/02)