

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006856

1. Entity Name

SMALL BUSINESS SUPPORT, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90133 007 ***150.00

Principal Place of Business

Mailing Address

15006 MADEIRA WAY
 MADEIRA BEACH FL 33708
 US

P O BOX 8155
 MADEIRA BCH FL 33738-8155
 US

2. Principal Place of Business

3. Mailing Address

15107 Madeira Way
 Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Madiera Beach

4. FEI Number

59-3432871

Applied For

Not Applicable

Zip

Country

Zip

Country

33708

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

SHIRLEE H WISEMAN
 15006 MADEIRA WAY
 MADEIRA BEACH FL 33708

Name

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

15107 Madeira Way

City

Madiera Beach

FL

Zip Code

33708

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input type="checkbox"/> Delete
P	SHIRLEE H WISEMAN	15006 MADEIRA WAY	MADEIRA BCH FL 33708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		15107 Madeira Way	Madiera Beach, FL 33708	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirlee H. Wiseman Shirlee H. Wiseman 4/18/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 727-391-4953

CR2E034 (9/99)