

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90324 024 \*\*\*150.00

**DOCUMENT # P97000006856**

1. Entity Name  
**SMALL BUSINESS SUPPORT, INC.**

Principal Place of Business 15107 MADEIRA WAY MADEIRA BEACH FL 33708 US	Mailing Address P O BOX 8155 MADEIRA BCH FL 33738 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 311 Green Manor Dr Suite, Apt. #, etc.	3. Mailing Address PO Box 5160 Suite, Apt. #, etc.
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City & State Sun City Center, FL	City & State Sun City Center, FL	4. FEI Number 59-3432871	Applied For Not Applicable
Zip 33573	Country USA	Zip 33571	Country USA

6. Name and Address of Current Registered Agent SHIRLEE H WISEMAN 15107 MADEIRA WAY MADEIRA BEACH FL 33708	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 311 Green Manor Drive City Sun City Center FL Zip Code 33573
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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 Shirlee H. Wiseman DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 P	SHIRLEE H WISEMAN 15107 MADEIRA WAY MADEIRA BCH FL 33708	TITLE President	Shirlee H. Wiseman 311 Green Manor Drive Sun City Center, FL 33573
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 3/28/01 813-633-6263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)