

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096898

1. Entity Name

SMALL BUSINESS 411, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90031 009 ***150.00

Principal Place of Business

Mailing Address

~~1025 GREENWOOD BLVD., STE. 300~~
~~LAKE MARY FL 32746~~

~~1025 GREENWOOD BLVD., STE. 300~~
~~LAKE MARY FL 32746-5409~~

2. Principal Place of Business

486 N. PIN OAK PL.
Suite, Apt. #, etc. # 114

3. Mailing Address

486 N. PIN OAK PL
Suite, Apt. #, etc. #114

City & State

Longwood, FL.
Zip 32779 Country Seminole

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4. FEI Number

59-3612312

Applied For

Not Applicable

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

THORNTON, ROBERT G

~~1025 GREENWOOD BLVD., STE. 300~~
~~LAKE MARY FL 32746~~

Name

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

630 Killarney Bay CT

City Winter Park FL Zip Code 32789

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 ☐ Delete
NAME President
STREET ADDRESS David W. Meier
CITY-ST-ZIP 486 N. PIN OAK PL #114
Longwood, FL 32779

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

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Robert G. Thornton
CITY-ST-ZIP 630 Killarney Bay CT
Winter Park, FL 32789

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

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS David M. Willink
CITY-ST-ZIP 221 Crescent Blvd
Sanford, FL 32771

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)