

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S82325

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** SMALL BUSINESS SERVICES OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

2616 TAMIAMI TRAIL  
HERITAGE SQUARE - SUITE 3  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2616 TAMIAMI TRAIL  
HERITAGE SQUARE - SUITE 3  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 65-0285524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OMERZU, MICHAEL A  
2616 TAMIAMI TRAIL  
HERITAGE SQUARE - SUITE 3  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: OMERZU, MICHAEL A  
Address: 21052 KEARNEY AVE.  
City-St-Zip: PT. CHARLOTTE, FL

Title: DPT ( ) Delete  
Name: OMERZU, TOMMIE W  
Address: 21052 KEARNEY AVE.  
City-St-Zip: PT. CHARLOTTE, FL

Title: S (X) Delete  
Name: OMERZU, ANTHONY M  
Address: 1425 RENEE DR.  
City-St-Zip: DECATUR, GA 30030

Title: VP ( ) Delete  
Name: AUGHEY, THEODORE  
Address: 2909 GUADALUPE DRIVE  
City-St-Zip: PUNTA GRODA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. OMERZU

DV

04/29/2002

Electronic Signature of Signing Officer or Director

Date