

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90071 022 ***150.00

DOCUMENT # H83486

1. Entity Name

URBANORDER, INC.

Principal Place of Business

5006 S ELBEDON ST
 TAMPA FL 33611
 US

Mailing Address

1234 2ND ST
 SARASOTA FL 34236
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2605776

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TOPH, JOSEPH M.L.
 5006 S. ELBERON ST.
 TAMPA FL 33611

7. Name and Address of New Registered Agent

Name **GREG WALL**

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

1234 2ND ST.

SARASOTA

FL

34236

City

FL

Zip Code

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, 2002 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

TITLE ☐ Delete
 NAME TOPH, JOSEPH M.L.
 STREET ADDRESS 5006 S. ELBERON ST.
 CITY-ST-ZIP TAMPA FL

TITLE ☒ Delete
 NAME ~~DV~~
 STREET ADDRESS ~~MAST, JON~~
 CITY-ST-ZIP ~~1234 2ND ST~~
~~SARASOTA FL 34236~~

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS WALL, GREG
 CITY-ST-ZIP 1234 2ND ST
 SARASOTA FL 34236

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

941-957-5484

Daytime Phone #

0501076 AV

CR2E034 (9/01)