## FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

## **FILED** Sep 03, 2002 8:00 am Secretary of State

09-03-2002 90183 024 \*\*\*550.00

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2. Principal Place of Business 3. Mailing Address 1914 N. Forsyth Road Same Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Orlando, Fl

DO NOT WRITE IN THIS SPACE

59-3270972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

7. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable.

URBAN ELECTRIC, INC.

Country

Orange

<sup>Name</sup> Stephen	М.	Stone

Street Address (P.O. Box Number is Not Acceptable)
725 N. Magnolia Avenue

4. FFI Number

 $^{\text{City}} \text{Orlando}$ 

(NOTE: Registered Agent signature required when reinstating)

DATE

 $\Box$ 

<sup>ჳ</sup>ვ28ზ3

Applied For

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

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

(See criteria on back)

DOCUMENT #

1. Entity Name

32807

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State

Country

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS TITLE **PSTD** TITLE NAME NAME Tseng, CaRLOS STREET ADDRESS STREET ADDRESS 1914 N. Forsyth Road CITY-ST-ZIP CITY-ST-ZIP Orlando, Fl. 32807 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP-TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP

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 truspe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attraction. attachment with an addre e like empowers

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President- Carlos Tseng

407-381-0515

CR2E034B (12/01)