2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am \$ Secretary of State P98000015336 DOCUMENT # 1. Entity Name URBAN INNOVATIONS, INC. Principal Place of Business Mailing Address 3501 S. DREXEL AVE. 3501 S. DREXEL AVE. **TAMPA FL 33629 TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3495489 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent LAUGHRIDGE, BRUCE A Street Address (P.O. Box Number is Not Acceptable) 3501 DREXEL AVENUE TAMPA FL 33629 Zip Code 5 City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE PD NAME NAME LAUGHRIDGE, BRUCE A STREET ADDRESS STREET ADDRESS 3501 S. DREXEL AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629-8915 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME HAYNES, RONALD STREET ADDRESS STREET ADDRESS 3501 S. DREXEL AVE. CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33629-8915 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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 that 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 a

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