

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006579

1. Entity Name

URBAN ASSISTANCE CORPORATION

Principal Place of Business

5908 CLYDESDALE PLACE
ORLANDO FL 32822

Mailing Address

2602 EAST 21ST AVE.
STE. 2602
TAMPA FL 33605

2. Principal Place of Business

2602 East 21st Ave

3. Mailing Address

Suite, Apt. #, etc.

2602

City & State

TAMPA, FL

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FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90115 007 ****70.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3259774

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, MICHAEL
2602 EAST 21ST AVE
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

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

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

Michael A. Haynes 1/7/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DUPREE, JACKIE
STREET ADDRESS 2104 EAST 28TH AVE
CITY-ST-ZIP TAMPA FL 33605

TITLE D ☐ Delete
NAME GARCIA, BEVERLY
STREET ADDRESS 2504 EAST CHIPCO AVE
CITY-ST-ZIP TAMPA FL 33605

TITLE C ☐ Delete
NAME BULTH, BRIAN SR
STREET ADDRESS PO BOX 4066
CITY-ST-ZIP WINTER PARK FL 32793

TITLE P ☐ Delete
NAME HAYNES, MICHAEL
STREET ADDRESS 2602 EAST 21ST AVENUE
CITY-ST-ZIP TAMPA FL 33605

TITLE VP ☒ Delete
NAME HINES, JACQUELYN E
STREET ADDRESS 8013 N. 46TH ST.
CITY-ST-ZIP TAMPA FL 33617

TITLE S ☐ Delete
NAME BARBONE, MICHAEL J
STREET ADDRESS 8910 N. DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33614

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE C ☒ Change ☐ Addition
NAME BULTH, BRIAN SR.
STREET ADDRESS PO BOX 4066
CITY-ST-ZIP WINTER PARK FL 32793

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

TITLE VP ☐ Change ☒ Addition
NAME ANNKE HORNE
STREET ADDRESS 6302 WOODSPRAY LANE
CITY-ST-ZIP TAMPA, FL 33614

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael A. Haynes

1/7/01 (813) 248-6004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)