

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 OCT 25 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006579

1. Entity Name
URBAN ASSISTANCE CORPORATION



Principal Place of Business
2602 EAST 21ST AVENUE
TAMPA, FL 33605

Mailing Address
P.O. BOX 491012
FORT LAUDERDALE, FL 33349-1012 US



2. Principal Place of Business

3. Mailing Address

608 COPPINVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10182006 REIN-NP

CR2E099 (11/05)

City & State

City & State

ENTERPRISE, ALA

4. FEI Number
59-3259774

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

36330

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYNES, MICHAEL
2602 EAST 21ST AVE
TAMPA, FL 33605

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael A. Haynes

September 1, 2006

DATE

FILE NOW!!! FEE IS \$236.25

After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

DUPREE, JACKIE
2104 EAST 28TH AVE
TAMPA, FL 33605

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

GARCIA, BEVERLY
2504 EAST CHIPCO AVE
TAMPA, FL 33605

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

BELL, BRYANT SR
PO BOX 4066
WINTER PARK, FL 32793

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

HAYNES, MICHAEL
2602 EAST 21ST AVENUE
TAMPA, FL 33605

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

HORNE, ANNIE
6302 WOODSPRAY LANE
TAMPA, FL 33617

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

BARBONE, MICHAEL J
8910 N. DALE MABRY HIGHWAY
TAMPA, FL 33614

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

000081165270
10/25/06--01005--015 **\$236.25

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

JENNIFER JOHNSON
33 ANTHONY CIRCLE
ENTERPRISE, ALA 36030

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

000081165270
10/25/06--01005--015 **\$8.75

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

REINSTATEMENT 06 DEC

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

VP
ARNIE PAMAN
1000 N DALE MABRY
TAMPA, FL 33619

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

September 1, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P.S. Please waive all penalty fees because your system was down and give a credit to my account