

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90111 006 ****70.00

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1. Entity Name
URBAN ASSISTANCE CORPORATION

Principal Place of Business

**2602 EAST 21ST AVENUE
TAMPA FL 33605**

Mailing Address

**2602 EAST 21ST AVENUE
TAMPA FL 33605**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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 D. Haynes
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DUPREE, JACKIE	
STREET ADDRESS	2104 EAST 28TH AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, BEVERLY	
STREET ADDRESS	2504 EAST CHIPCO AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	C	<input type="checkbox"/> Delete
NAME	BELL, BRYANT SR	
STREET ADDRESS	PO BOX 4066	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAYNES, MICHAEL	
STREET ADDRESS	2602 EAST 21ST AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HORNE, ANNIE	
STREET ADDRESS	6302 WOODSPRAY LANE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARBONE, MICHAEL J	
STREET ADDRESS	8910 N. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 D. Haynes Feb 10, 2003 954-581-8833

CR2E037 (10/02)