

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91465 016 ***158.75

DOCUMENT # F98000006481

1. Entity Name
URBAN WEST MANAGEMENT, INC.



Principal Place of Business
**4890 WEST KENNEDY BLVD.,
SUITE 850
TAMPA FL 33609**

Mailing Address
**4890 WEST KENNEDY BLVD.,
SUITE 850
TAMPA FL 33609**



2. Principal Place of Business
**4890 West Kennedy Blvd.
Suite, Apt. #, etc.
Suite 920
Tampa, FL 33609-1863**

3. Mailing Address
**4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3308046**
Applied For
 Not Applicable

Zip Country **USA** Zip Country **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

**F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3510**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAY, JACK H 4890 W. KENNEDY BLVD., #850 TAMPA FL 33609-1863	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROSS, SAMUEL K 4890 W. KENNEDY BLVD. #850 TAMPA FL 33609-1863	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, DANIEL B 4890 W. KENNEDY BLVD., #850 TAMPA FL 33609-1863	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEST, DALE A 4890 W. KENNEDY BLVD., #850 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAFER, JOHN H 3 IMPERIAL PROMENADE, STE 150 SANTA ANA CA 92707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THURLE, STEPHEN 2220 DOUGLAS BLVD., STE 290 ROSEVILLE CA 95661	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John H. Bray 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Matthew J. Bray 4890 W. Kennedy Blvd, Ste. 920 Tampa, FL 33609-1863	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VT Dale A. West 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *John H. Bray* **4-24-03** **(813) 286-4140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)