

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003273

1. Entity Name

URBAN ELECTRONICS, INCORPORATED

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90115 032 \*\*\*150.00

Principal Place of Business

191 HAMBURG TURNPIKE  
POMPTON LAKES NJ 07442

Mailing Address

PO BOX 299  
ORANGE LAKE FL 32681-0299

A0005369

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3498704

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

WHITNEY, DEBORAH  
2851 W. HIGHWAY 318  
CITRA FL 32113

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME WHITNEY, DEBORAH A  
STREET ADDRESS 2851 W. HIGHWAY 318  
CITY-ST-ZIP CITRA FL ☐ Delete

TITLE V  
NAME CONKLIN, SCOTT  
STREET ADDRESS 191 HAMBURG TURNPIKE  
CITY-ST-ZIP POMPTON LAKES NJ ☐ Delete

TITLE ST  
NAME REECE, JAY  
STREET ADDRESS 191 HAMBURG TURNPIKE  
CITY-ST-ZIP POMPTON LAKES NJ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 the 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2000

Date

352-591-5931

Daytime Phone #

CR2E034 (9/99)