

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90045 013 ***150.00

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1. Entity Name
URBAN ELECTRONICS, INCORPORATED

Principal Place of Business
**40 MAIN STREET
BLOOMINGDALE NJ 07403**

Mailing Address
**PO BOX 299
ORANGE LAKE FL 32681**

2. Principal Place of Business

3. Mailing Address
815 LAKESHORE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LEESBURG FL

4. FEI Number **22-3498704**

Applied For

Not Applicable

Zip

Country

Zip
34748

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WHITNEY, DEBORAH
2851 W. HIGHWAY 318
CITRA FL 32113**

7. Name and Address of New Registered Agent

Name **JACK BURCHILL**
Street Address (P.O. Box Number is Not Acceptable)
815 LAKESHORE DRIVE
City **LEESBURG** **FL** Zip Code **34748**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITNEY, DEBORAH A	
STREET ADDRESS	2851 W. HIGHWAY 318	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONKLIN, SCOTT	
STREET ADDRESS	40 MAIN STREET	
CITY-ST-ZIP	BLOOMINGDALE NJ 07403	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REECE, JAY	
STREET ADDRESS	40 MAIN STREET	
CITY-ST-ZIP	BLOOMINGDALE NJ 07403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK BURCHILL	
STREET ADDRESS	815 LAKESHORE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
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		
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		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03 352-344-3001

CR2E034 (10/02)