🛂 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018839

1. Entity Name

URBAN/O&G, LLC

07-23-2002 90345 017 ****55.00

Aug 13, 2002 8:00 am Secretary of State

FILED

Principal Place of Business

Mailing Address

3573 SW CORPORATE PKWY

3573 SW CORPORATE PKWY

41477 PALM CITY FL 3499D PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number X Applied For · Not Applicable Country Country \$5.00 Additional 5.- Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, RICHARD E ---3573 SW CORPORATE PKWY Street Address (P.O. Box Number Is Not Acceptable) PALM CITY FL 34990 City 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 typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating): DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MANAGER titi F Manag ex Delete TITLE ☐ Change RICHARD E BELL JAN & HOOUBR NAME NAME 3513 S.W. CORPORATE PKWALI 3673 S.W. CORPORATE PKWAU STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM CITU . FL 34990 CITY-ST-ZIP FL 34990 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-70 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and thet my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee appropried to execute this report as required by Chapter 608, Florida Statutes.

NATURE AND TYPED OR PROJED NAME OF SIGNON MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE