

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90121 027 ****70.00

DOCUMENT # NO1000001770

1. Entity Name

URBAN ASSAULT MINISTRIES, INC.

Principal Place of Business

2054 LOU AVE
 SNEADS FL 32460

Mailing Address

P.O. BOX 717
 SNEADS FL 32460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1952021

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

MCQUEEN-LAWSON, FELISA
 2054 LOU AVE
 SNEADS FL 32460

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

☒ \$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, DAVID W	
STREET ADDRESS	2054 LOU AVE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCQUEEN-LAWSON, FELISA P	
STREET ADDRESS	2054 LOU AVE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, OLA M	
STREET ADDRESS	2054 LOU AVE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCQUEEN-LAWSON, ROSENE	
STREET ADDRESS	902 W PINE ST	
CITY-ST-ZIP	ARCADIA FL 32468	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, PAUL L	
STREET ADDRESS	200-D CHATHAM GARDENS	
CITY-ST-ZIP	ROCHESTER NY 14605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, DAVID W.	
STREET ADDRESS	2054 LOU AVE.	
CITY-ST-ZIP	Sneads, FL 32460	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUEEN-LAWSON, FELISA P.	
STREET ADDRESS	2054 LOU AVE	
CITY-ST-ZIP	Sneads, FL 32460	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, OLA M.	
STREET ADDRESS	327 Conkey Ave.	
CITY-ST-ZIP	Rochester, NY 14621	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUEEN-COPELAND, ROSENE	
STREET ADDRESS	902 W. Pine St.	
CITY-ST-ZIP	Arcadia, FL 32464	
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:

Felisa P. McQueen-Lawson
 Felisa P. McQueen-Lawson

March 11, 2002

Date

850-593-1470

Daytime Phone #

CR2E037 (9/01)