

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002621

FILED
Aug 02, 2002
Secretary of State

Entity Name: URBAN DEVELOPMENT SOLUTIONS, INC.

Current Principal Place of Business:

6798 CROSSWINDS DR N STE A-101
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6798 CROSSWINDS DR N STE A-101
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWSOME, LARRY J
6798 CROSSWINDS DR N STE A-101
ST PETERSBURG, FL 33710

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEWSOME, LARRY J
Address: 6798 CROSSWINDS DR N STE A-101
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Delete
Name: NEWSOME, BETTYE J
Address: 6798 CROSSWINDS DR N STE A-101
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Delete
Name: ROUSEN, DARRYL E
Address: 3737 CENTRAL AVE STE 401
City-St-Zip: ST PETERSBURG, FL 33713

Title: D () Delete
Name: ROUSEN, ANGELA
Address: 3737 CENTRAL AVE STE 401
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY J. NEWSOME

D

08/02/2002

Electronic Signature of Signing Officer or Director

Date