

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001792

FILED
Jul 16, 2008
Secretary of State

Entity Name: UNITED URBAN OUTREACH, INCORPORATED

Current Principal Place of Business:

8117 N 13TH ST
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

8117 N 13TH ST
TAMPA, FL 33604

New Mailing Address:

FEI Number: 30-0053279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKAY, CEPEDA
4224 E CURTIS STREET
TAMPA, FL 33610 US

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: CEPEDA MCKAY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKAY, CEPEDA
Address: 4224 E CURTIS
City-St-Zip: TAMPA, FL 33610

Title: VP () Delete
Name: JOHNSON, JEFFERY
Address: 12717 LOCKEY LANE
City-St-Zip: TAMPA, FL 33612

Title: S () Delete
Name: DOUGH, STEPHEN
Address: 8117 N 13TH ST
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: DAVIS, ROBERT
Address: 8117 N 13TH ST
City-St-Zip: TAMPA, FL 33604

Title: C () Delete
Name: MCKAY, CURT
Address: 8117 N 13TH ST
City-St-Zip: TAMPA, FL 33604

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CEPEDA MCKAY

P

07/16/2008

Electronic Signature of Signing Officer or Director

Date