

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008375

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** URBAN HOME SOLUTIONS, INC.

**Current Principal Place of Business:**

3943 LEANE DRIVE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

3943 LEANE DRIVE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

FEI Number: 01-0913886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMPBELL, FRANCES H  
3943 LEANE DRIVE  
TALLAHASSEE, FL 32309 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: CAMPBELL, FRANCES H  
Address: 3943 LEANE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: PASQUARELLI, LISA  
Address: 1212 WALTON DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: WILKERSON, KIMBERLY  
Address: 152 IVAN RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: FRANCES CAMPBELL

PRES

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date