## AMEDIDMENT

SIGNATURE:

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 200000097023 02 APR -3 PM 2:44 URBAN HOME, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 221 FIRST 221 FIRST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3677127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired PINELLAS Fee Required 7. Name and Address of Current Registered Agent MARVIN MEEKS DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City RSBURU submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE . ed or printed name if registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS PRESIDENT TITLE TITLE CR2E034B (12/01 500005289605-MARVIN MEEKS DR. N # 205 NAME NAME -04/17/02--01049--006 STREET ADDRESS STREET ADDRESS \*\*\*\*\*1.25 \*\*\*\*\*61.25 CITY-ST-ZIP St. Petersburg, FL 33701 CITY-ST-ZIP TITLE ппе NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITD F TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 acceptite 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with

TED NAME OF SIGNING OFFICER OR DIRECTOR

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