

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90244 031 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055763		
1. Entity Name URBAN PROFILE, INC.		
Principal Place of Business 5000-16 NORWOOD AVE JACKSONVILLE, FL 32208		Mailing Address 5000-16 NORWOOD AVE JACKSONVILLE, FL 32208
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 030448834		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLAYLOCK, SHERITA 6000-16 NORWOOD AVE JACKSONVILLE, FL 32208		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	P	☐ Delete
NAME	BLAYLOCK, SHERITA	
STREET ADDRESS	5000-16 NORWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	V	☐ Delete
NAME	FLOWERS, BLAND	
STREET ADDRESS	5000-16 NORWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other true employees.		
SIGNATURE: <i>[Signature]</i> DATE		