

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90140 023 ***158.75

DOCUMENT# P02000058510

1. Entity Name

URBANFREEBIES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

507B ROYAL PALM BCH BLVD

3. Mailing Address

507B ROYAL PALM BCH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ROYAL PALM BEACH, FL

City & State

ROYAL PALM BEACH, FL

4. FEI Number

71-0891507

Applied For

Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN CLARKE

Street Address (P.O. Box Number is Not Acceptable)

507B ROYAL PALM BEACH BLVD

City

ROYAL PALM BEACH

FL

Zip Code

33411

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
JOHN CLARKE
507B ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
JUDITH BUCHANAN
507B ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like employed.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-13-03

5617844014

CR2E034B (12/02)