

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000091408 1. Entity Name URBAN DEVELOPMENT CORPORATION OF FLORIDA					
Principal Place of Business 2001 BROADWAY, SUITE 250 RIVIERA BEACH, FL 33404			Mailing Address 2001 BROADWAY, SUITE 250 RIVIERA BEACH, FL 33404		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip		
4. FET Number 74-3103490			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SKYERS, PAUL 2001 BROADWAY, SUITE 250 RIVIERA BEACH, FL 33404			7. Name and Address of New Registered Agent Name Skyers, Paul Street Address (P.O. Box Number is Not Acceptable) 2001 Broadway, Suite 250 City Riviera Beach FL Zip Code 33404		
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: <u><i>Paul Skyers</i></u> Paul Skyers, President 1/30/2004 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Paul Skyers - President ☐ Delete 2001 Broadway, Suite 250 Riviera Beach, FL 33404		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition UD00000035040 02/05/04-80104-010 158.75	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	John Howard - Vice-President ☐ Delete 2001 Broadway, Suite 250 Riviera Beach, FL 33404		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an address, with all other like empowered					
SIGNATURE: <u><i>Paul Skyers</i></u> Paul Skyers President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1/30/2004</u> (561) 863-0895 Daytime Phone #		