

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90338 044 ***158.75

DOCUMENT # **P93000054913**
1. Entity Name
URBAN BUILDING SYSTEMS, INC.

B0053657

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3573 S.W. CORPORATE PKWY		3. Mailing Address 3573 S.W. CORPORATE PARKWAY		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PALM CITY, FL		City & State PALM CITY, FL		4. FEI Number US-0469194	
Applied For Not Applicable					
Zip 34990	Country USA	Zip 34990	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent			
		Name BELL, R.E.			
		Street Address (P.O. Box Number is Not Acceptable) 3573 S.W. CORPORATE PARKWAY			
		City PALM CITY	FL	Zip Code 34990	

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR - PRES. HOOVER, J. 3573 S.W. CORPORATE PARKWAY PALM CITY FL 34990	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRES. BELL, R.E. 3573 S.W. CORPORATE PARKWAY PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **JIM S HOOVER** Date: **3/12/02** Daytime Phone #: **(541)284 4034**

CR2E034B (12/01)