

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080945

1. Entity Name  
HOUSING & URBAN DESIGN, INC.

**FILED**  
Sep 21, 2001 8:00 am  
Secretary of State

09-21-2001 90008 038 \*\*\*758.75

Principal Place of Business

Mailing Address

~~4212 N. ACCESS RD. # A~~  
~~ENGLEWOOD FL 34224~~

~~4212 N. ACCESS RD. # A~~  
~~ENGLEWOOD FL 34224~~

2. Principal Place of Business

630 WOODBURY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

40 TW HILL  
1318 LAFAYETTE ST.

Suite, Apt. #, etc.

City & State

PT. CHARLOTTE

Zip

FL 33954-1000302

Country

USA

City & State

CAPE CORAL, FL

Zip

33904

Country

4. FEI Number

65-0615662

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, AL

~~4212 N. ACCESS RD. # A~~

~~ENGLEWOOD FL 34224~~

Name

THOMAS W. HILL

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

1318 LAFAYETTE STREET

City

CAPE CORAL, FL

Zip Code

FL 33904

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

X Thomas W Hill

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

(NOTE: Registered Agent signature required when reinstating)

9/17/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
~~WALKER, CLAIRE~~  
~~4212 N. ACCESS ROAD, STE. A~~  
~~ENGLEWOOD FL 34224~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~CLAIRE WALKER~~  
~~POPE CLAIRE WALKER~~  
~~555 GASPAR DRIVE, PALMDALE, FL 33946~~

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
JOHNSON, AL  
~~4212 N. ACCESS ROAD, STE. A~~  
~~ENGLEWOOD FL 34224~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~630 WOODBURY DRIVE~~  
~~PT. CHARLOTTE, FL 33954-1000302~~

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BACHELOR, JOSEPH  
~~4212 N. ACCESS ROAD, STE. A~~  
~~ENGLEWOOD FL 34224~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~630 WOODBURY DRIVE~~  
~~PT. CHARLOTTE FL 33954-1000302~~

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
THOMAS W. HILL  
1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: X

JOSEPH BACHELOR

09/17/01 (PH) 874-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0145029 SP

CR2E034 (5/01)