

**200 2 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90036 021 \*\*\*150.00

**DOCUMENT #** P95000080945**1. Entity Name**

HOUSING &amp; URBAN DESIGN, INC. ✓

**Principal Place of Business****Mailing Address**630 Woodbury Drive  
Port Charlotte, FL 339541318 C/O TW Hill  
Cape Coral, FL 33904

822214

**2. Principal Place of Business****3. Mailing Address**

1318 Lafayette Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State****City & State**

Cape Coral, FL

**4. FEI Number**

65-0615662

**Applied For**☐ Not Applicable**Zip****Country****Zip****Country**

33904

USA

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**Hill, Thomas W.  
1318 Lafayette St.  
Cape Coral, FL 33904**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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	Walker, Claire	555 Caspar Drive	Placida, FL 33946				
VS	Johnson, Al	630 Woodbury Drive	Port Charlotte, FL 33954				
V	Bachelor, Joseph	630 Woodbury Drive	Port Charlotte, FL 33954				
AS	Hill, Thomas W.	1318 Lafayette St.	Cape Coral, FL 33904				

**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 like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)