

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107401

1. Entity Name  
UHURU DEVELOPMENT PROJECTS, INC.

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90356 042 \*\*\*150.00

Principal Place of Business

1720 13TH ST. SOUTH  
ST PETERSBURG FL 33705

Mailing Address

1720 13TH ST. SOUTH  
ST PETERSBURG FL 33705

2. Principal Place of Business

1327 9th St. So.

Suite, Apt. #, etc.

3. Mailing Address

1327 9th St. So.

Suite, Apt. #, etc.

00075209



DO NOT WRITE IN THIS SPACE

City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-3635758	Applied For Not Applicable
Zip 33705	Country	Zip 33705	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WILSON, JUNIS  
1720 13TH ST. SOUTH  
ST PETERSBURG FL 33705

## 7. Name and Address of New Registered Agent

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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, TERRENCE 1720 13TH ST. SOUTH ST PETERSBURG FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDISON, ERICA 1720 13TH ST. SOUTH ST PETERSBURG FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JUNIS 1720 13TH ST. SOUTH ST PETERSBURG FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Terrence Wilson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-02  
Date

Daytime Phone #

CR2E034 (9/01)