

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**  
 02-16-2000 90121 010 \*\*\*150.00

**DOCUMENT # L48091**

1. Entity Name  
**THE 581 COMPANY**

Principal Place of Business: **3066 S FLORIDA AVE INVERNESS FL 34442**  
 Mailing Address: **PO BOX 2564 INVERNESS FL 34451-2564 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-2999041**  
 Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOSEPH URBAN**  
**6150 E SAGE ST**  
**INVERNESS FL 34452**

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

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, 2000 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JOSEPH URBAN</b>	
STREET ADDRESS	<b>3276 E CROWN DRIVE</b>	
CITY-ST-ZIP	<b>IVERNESS FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>URBAN, JOSEPH</b>	
STREET ADDRESS	<b>1903 SILVERWOOD ST</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34453</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>URBAN, ERICA</b>	
STREET ADDRESS	<b>6150 E SAGE ST</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ERICA URBAN</b>	
STREET ADDRESS	<b>6150 E SAGE ST</b>	
CITY-ST-ZIP	<b>INVERNESS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Joseph Urban* **Joseph Urban** (Pres) **2/16/00** 352-3444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 4222

CR2E034 (9/99)