2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am **Secretary of State** DOCUMENT # L48091 1. Entity Name 02-19-2002 90061 025 ***150.00 THE 581 COMPANY Principal Place of Business Mailing Address PO BOX 2564 3066 S FLORIDA AVE INVERNESS FL 34442 INVERNESS FL 34451 ÜS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2999041 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH URBAN Street Address (P.O. Box Number is Not Acceptable) 6150 E SAGE ST **INVERNESS FL 34452** Zip Code City 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, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change □ Addition TITLE NAME JOSEPH URBAN NAME STREET ADDRESS STREET ADDRESS 6150 E SAGE STREET CITY-ST-ZIP CITY-ST-ZIP IVERNESS FL TITLE ☐ Delete Change ☐ Addition **VPD** NAME NAME URBAN, JOSEPH STREET ADDRESS STREET ADDRESS 6150 E SAGE STREET CITY-ST-ZIP CITY-ST-ZIF **INVERNESS FL 34453** ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME URBAN, ERICA STREET ADDRESS STREET ADDRESS 6150 E SAGE ST CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL TITLE Delete TITLE Change Addition NAME NAME ERICA URBAN STREET ADDRESS STREET ADDRESS 6150 E SAGE ST CITY-ST-ZIP CITY-ST-ZIP <u>inverness fl</u> ☐ Delete ☐ 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 attackment w an addres with all other like empowered

NAME

TITLE

NAME

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