FILED

2003 FOR PROFIT CORPORATION

of the corporation or the receiver or trustee empow changed, or on an attachment with an address, wit

SIGNATURE:

Feb 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** L48091 DOCUMENT # 1. Entity Name 02-27-2003 90150 018 ***150.00 THE 581 COMPANY Principal Place of Business Mailing Address 3066 S FLORIDA AVE PO BOX 2564 INVERNESS FL 34442 INVERNESS FL 34451 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2999041 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH URBAN Street Address (P.O. Box Number is Not Acceptable) 6150 E SAGE ST **INVERNESS FL 34452** City Zip Code 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) √ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE TITLE ☐ Delete Change Addition JOSEPH URBAN NAME NAME STREET ADDRESS 6150 E SAGE STREET STREET ADDRESS CITY-ST-ZIP IVERNESS FL CITY-ST-ZIP **VPD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME urban. Joseph 🚓 🕆 NAME STREET ADDRESS 6150 E SAGE STREET STREET ADDRESS CITY-ST-ZIP **INVERNESS FL 34453** CITY-ST-ZIP TITLE S ☐ Delete TITLE ☐ Change ☐ Addition NAME URBAN, ERICA NAME STREET ADDRESS 6150 E SAGE ST STREET ADDRESS CITY-ST-ZIP INVERNESS FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ERICA URBAN NAME STREET ADDRESS 6150 E SAGE-ST-STREET ADDRESS CITY-ST-ZIP INVERNESS FL CHY-ST-ZIE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if