

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # ~~P~~00000109455

1. Entity Name
URBAN ESTATES, INCORPORATED



Principal Place of Business

550 N REO ST
STE 300
TAMPA, FL 33609

Mailing Address

550 N REO ST
STE 300
TAMPA, FL 33609



08242006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3691114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEGUIN, TRISHA
6700 CITICORP DR
TAMPA, FL 33619

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SEGUIN, JEREMIE
550 N REO ST STE 300
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
SEGUIN, TRISHA
550 N REO ST STE 300
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAUKSZ, BROOKE
550 N REO ST STE 300
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOOD, TERRI
550 N REO ST STE 300
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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09/07/06-80002-020 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 #