

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000109455

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**

DO NOT WRITE IN THIS SPACE



08062007 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

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 \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SEGUIN, JEREMIE
STREET ADDRESS	550 N REO ST STE 300
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DTS
NAME	SEGUIN, TRISHA
STREET ADDRESS	550 N REO ST STE 300
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	DAUKSZ, BROOKE
STREET ADDRESS	550 N REO ST STE 300
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	WOOD, TERRI
STREET ADDRESS	550 N REO ST STE 300
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/14/07-80003-006 550.00

**DO NOT WRITE
IN THIS SPACE**

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 #