

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109455

1. Entity Name  
URBAN ESTATES, INCORPORATED



Principal Place of Business  
3814 S. KENWOOD AVE.  
TAMPA FL 33611

Mailing Address  
3814 S. KENWOOD AVE.  
TAMPA FL 33611

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90286 030 \*\*\*150.00

11032721



2. Principal Place of Business  
550 N. Reo St., Suite 300  
Suite, Apt. #, etc.  
Tampa, Florida 33609  
City & State

3. Mailing Address  
550 N. Reo St., Suite 300  
Suite, Apt. #, etc.  
Tampa, Florida 33609  
City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3691114  
Applied For  
Not Applicable

Zip Country  
Hillsborough Hillsborough

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLEJCIK, JEFFREY J  
3814 S. KENWOOD AVE.  
TAMPA FL 33611

Name  
Trisha Seguin  
Street Address (P.O. Box Number is Not Acceptable)  
6700 Citicorp Drive  
City Tampa FL 33619

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 *Trisha Seguin* Trisha Seguin, Secretary & Treasurer  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE April 12, 2003

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BOLEJCIK, JEFFREY J 3814 KENWOOD AVE TAMPA FL 33611	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGUIN, JEREMIE 52 INGLESIDE AVE WORCESTER MA 01604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEGUIN, TRISHA M 52 INGLESIDE AVE WORCESTER MA 01604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUKSZ, BROOK 80 SUTTON ROAD WEBSTER MA 01570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President Jeremie Seguin 550 N. Reo St., Suite 300 Tampa, Florida 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Treasurer, Secretary Trisha Seguin 550 N. Reo St., Suite 300 Tampa, Florida 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Brooke Dauksz 550 N. Reo St., Suite 300 Tampa, Florida 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Terri Wood 550 N. Reo St., Suite 300 Tampa, Florida 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Trisha Seguin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trisha Seguin, Secretary & Treasurer  
Date April 12, 2003 Phone #

CR2E034 (10/02)