

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003258

**FILED**  
**Mar 19, 2017**  
**Secretary of State**  
**CC0078198958**

**Entity Name:** URBAN INSTITUTE OF TECHNOLOGY, INC.

**Current Principal Place of Business:**

6829 MONTROSE AVE.N.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

6829 MONTROSE AVE.N.  
JACKSONVILLE, FL 32210

**FEI Number: 46-4859901**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JONES-CLARK, CASSANDRA F  
6829 MONTROSE AVE.N.  
JACKSONVILLE, FL 32210 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JONES-CLARK, CASSANDRA F  
Address 6829 MONTROSE AVE.N.  
City-State-Zip: JACKSONVILLE FL 32210

Title V  
Name CLARK, HAROLD  
Address 6829 MONTROSE AVE.N.  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name CLARK, JOSHUA  
Address 6829 MONTROSE AVE.N.  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name CLARK, DANIEL  
Address 6829 MONTROSE AVE.N.  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name MIDDLETON, ESTHER  
Address 7929 WILSON BLVD.  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CASSANDRA F JONES-CLARK**

**PRESIDENT**

**03/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date