## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003258

Entity Name: URBAN INSTITUTE OF TECHNOLOGY, INC.

FILED
Mar 20, 2015
Secretary of State
CC4421806211

## **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 Title V

Name JONES-CLARK, CASSANDRA F Name CLARK, HAROLD

Address 6829 MONTROSE AVE.N. Address 6829 MONTROSE AVE.N.

City-State-Zip: JACKSONVILLE FL 32210 City-State-Zip: JACKSONVILLE FL 32210

Title D Title D

Name CLARK, JOSHUA Name CLARK, DANIEL

Address 6829 MONTROSE AVE.N. Address 6829 MONTROSE AVE.N.

City-State-Zip: JACKSONVILLE FL 32210 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** 

03/20/2015