

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 27, 2016
Secretary of State
CC3382167094

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 JONES-CLARK

PRESIDENT

03/27/2016

Electronic Signature of Signing Officer/Director Detail

Date