

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005295

FILED  
May 08, 2012  
Secretary of State

**Entity Name:** THE URBAN CHARRETTE, INC.

**Current Principal Place of Business:**

2809 NORTH CENTRAL AVENUE  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 76576  
TAMPA, FL 33675

**New Mailing Address:**

**FEI Number:** 27-0308130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRITZ, ADAM  
2809 NORTH CENTRAL AVENUE  
TAMPA, FL 33602 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KEVIN, KEMP  
Address: 6809 CHARLOTTE HARBOR WAY  
City-St-Zip: TAMPA, FL 33625 US

Title: VP  
Name: JOHNSON, EVAN  
Address: 935 E. 11TH AVENUE  
City-St-Zip: TAMPA, FL 33605 US

Title: TRES  
Name: FRITZ, ADAM  
Address: 2809 N CENTRAL AVE  
City-St-Zip: TAMPA, FL 33602 US

Title: SEC  
Name: FIEBE, JOANNE  
Address: 10612 HATTERAS DRIVE  
City-St-Zip: TAMPA, FL 33615 US

Title: DIR  
Name: SABIA, TARYN  
Address: 2809 N CENTRAL AVENUE  
City-St-Zip: TAMPA, FL 33602 US

Title: DIR  
Name: ANDERSON, ASHLY  
Address: 935 E. 11TH AVENUE  
City-St-Zip: TAMPA, FL 33605 US

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: KEVIN KEMP

MR.

05/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date