


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000109455 1. Entity Name URBAN ESTATES, INCORPORATED	
--	---

Principal Place of Business 550 N REO ST STE 300 TAMPA, FL 33609	Mailing Address 550 N REO ST STE 300 TAMPA, FL 33609
---	---

DO NOT WRITE IN THIS SPACE



04282005	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3691114	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEGUIN, TRISHA 6700 CITICORP DR TAMPA, FL 33619
--

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SEGUIN, JEREMIE 550 N REO ST STE 300 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS SEGUIN, TRISHA 550 N REO ST STE 300 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAUKSZ, BROOKE 550 N REO ST STE 300 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOOD, TERRI 550 N REO ST STE 300 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000357307
05/04/05-80068-025 150.00

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 04-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #