

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 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**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3691114

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000948256  
06/02/08-80048-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28, 2008

Date

Daytime Phone #