

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90214 046 ***150.00

DOCUMENT # P03000050798

1. Entity Name

URBAN GYPSIES INC.



Principal Place of Business

139 131 AVE E.
MADEIRA BEACH FL 33708
US

Mailing Address

139 131 AVE E.
MADEIRA BEACH FL 33708
US

2. Principal Place of Business

5110 Tangerine Aves

Suite, Apt. #, etc.

3. Mailing Address

5110 Tangerine Aves

Suite, Apt. #, etc.

City & State

Gulfport FL

Zip

33707

Country

City & State

Gulfport FL

Zip

33707

Country

4. FEI Number

42-1590435

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLOSHUK, LETA M
139 131 AVE E
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name Woloshuk, Leta M

Street Address (P.O. Box Number is Not Acceptable)

5110 Tangerine Ave S.

Gulfport

City Gulfport

FL

Zip Code

33707

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE OFFI ☐ Delete
NAME WOLOSHUK, LEAT M MRS
STREET ADDRESS 139 131 AVE. E.
CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE OFFI ☐ Delete
NAME WATERBURY, BARNEY G MR.
STREET ADDRESS 139 131 AVE. E
CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OFFI ☒ Change ☐ Addition
NAME Woloshuk, Leta M ~~MRS~~ MRS
STREET ADDRESS 5110 Tangerine Ave. S.
CITY-ST-ZIP Gulfport FL 33707

TITLE OFFI ☒ Change ☐ Addition
NAME Waterbury, Barney G. MR
STREET ADDRESS 5110 Tangerine Ave S.
CITY-ST-ZIP Gulfport FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

Leta Woloshuk

2-20-05 727-512-1765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #