

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # J23744

1. Entity Name

CURT J. URBAN, D.D.S., P.A.



Principal Place of Business

BAY STREET SQUARE, 14000 US HWY #1
SEBASTIAN FL 32958-3297
US

Mailing Address

BAY STREET SQUARE, 14000 US HWY #1
SEBASTIAN FL 32958-3297
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2692404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

FRESE, GARY B ATT
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 the filer, 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

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: DDS ☐ Delete
NAME: URBAN, CURT J.
STREET ADDRESS: 855 TAMARIND CIR
CITY-STATE-ZIP: SEBASTIAN FL 32976-2410

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
U000000899393
04/28/08-80037-012 150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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

C. J. Urban

Curt J. Urban

04/14/08

(772) 589-3127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, no phone #