

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90090 030 ***150.00

DOCUMENT # P05000082659

1. Entity Name
URBAN & THIER, P.A.



40000000

Principal Place of Business

545-7 DELANEY AVE
ORLANDO, FL 32801

Mailing Address

545-7 DELANEY AVE
ORLANDO, FL 32801

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

200 S. Orange Avenue

Suite, Apt. #, etc.

Suite 2025

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Address

200 S. Orange Avenue

Suite, Apt. #, etc.

Suite 2025

City & State

Orlando, Florida

Zip

32801

Country

USA



01192007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3007435

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THIER, CARL-CHRISTIAN
545-7 DELANEY AVE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Carl-Christian Thier

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

200 S. Orange Avenue, Suite 2025

City

Orlando

FL

Zip Code

32801

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

Carl-Christian Thier

April 9, 2007

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	THIER, CARL-CHRISTIAN	
STREET ADDRESS	7485 LAKE MARSHA DR	
CITY - ST - ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	URBAN, JOHN L	
STREET ADDRESS	545-7 DELANEY AVE	
CITY - ST - ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl-Christian Thier	
STREET ADDRESS	200 S. Orange Avenue, Suite 2025	
CITY - ST - ZIP	Orlando, Florida 32801	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John L. Urban	
STREET ADDRESS	200 S. Orange Avenue, Suite 2025	
CITY - ST - ZIP	Orlando, Florida 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

Carl-Christian Thier

April 9, 2007

Date

(407) 245-8352

Daytime Phone #