

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P27627

1. Entity Name
URY CORPORATION



Principal Place of Business
**% DR. GUSTAV URY
3501 GARDENVIEW RD
BALTIMORE, MD 21208**

Mailing Address
**% DR. GUSTAV URY
3501 GARDENVIEW RD
BALTIMORE, MD 21208**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1884868

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HODKIN, PETER M
ONE EAST BROWARD BLVD
STE 1501
FORT LAUDERDALE, FL 33301**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000239912
02/23/05-80008-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	URY, GUSTAV
STREET ADDRESS	3501 GARDENVIEW RD
CITY - ST - ZIP	BALTIMORE, MD
TITLE	VD
NAME	URY, WAYNE
STREET ADDRESS	3501 GARDENVIEW RD
CITY - ST - ZIP	BALTIMORE, MD
TITLE	STD
NAME	URY, GREGG
STREET ADDRESS	3501 GARDENVIEW RD
CITY - ST - ZIP	BALTIMORE, MD
TITLE	AS
NAME	HODKIN, PETER M.
STREET ADDRESS	ONE E BROWARD BLVD STE 1501
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #