

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084606

1. Entity Name

AARON S. THIEL, P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90212 048 ***150.00

Principal Place of Business

Mailing Address

4801 S UNIVERSITY DR
STE 207
DAVIE FL 33328
US

4801 S UNIVERSITY DR
STE 207
DAVIE FL 32701-4594
US

2. Principal Place of Business

852 SAXON BLVD.

3. Mailing Address

852 SAXON BLVD.

Suite, Apt. #, etc.

SUITE 29, PMB 309

Suite, Apt. #, etc.

SUITE 29, PMB 309

City & State

ORANGE CITY, FL

City & State

ORANGE CITY, FL

Zip

Country

32763

Zip

Country

32763

4. FEI Number

65-0865500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THIEL, AARON S
4801 S UNIVERSITY DR
STE 207
DAVIE FL 33328

Name

AARON S. THIEL

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

55 SPRING GLEN DRIVE

City

DEBARY

FL

Zip Code

32713

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.

SIGNATURE

Aaron Thiel

AARON THIEL

4/19/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	THIEL, AARON S	
STREET ADDRESS	9520 SEAGRAPE DRIVE #404	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARON S. THIEL	
STREET ADDRESS	55 SPRING GLEN DRIVE	
CITY-ST-ZIP	DEBARY, FL 32713	
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		

13. 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 reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aaron Thiel

AARON THIEL

4/19/2000

407-753-0526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/99)