

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 562140

1. Entity Name  
CHARLES J. SIMON, D.D.S., P.A.

Principal Place of Business  
2521 S. FEDERAL HWY  
BOYNTON BEACH FL 33435

Mailing Address  
1825 LAKE DRIVE  
DELRAY BEACH FL 33444

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number 59-1828340  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SIMON, CHARLES J  
1825 LAKE DRIVE  
DELRAY BEACH FL

## 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE PD  
NAME SIMON, CHARLES J., D.D.S.  
STREET ADDRESS 1825 LAKE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL

TITLE S  
NAME SIMON, JEANNE L  
STREET ADDRESS 1825 LAKE DR  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: SIGNATURE REQUIRED

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90002 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

1-4-02 561-732-3079