

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 605086

1. Entity Name

CHARLES W. BYRON, JR., PROFESSIONAL ASSOCIATION

Principal Place of Business

2531 NORTH STATE RD 7  
MARGATE FL 33063

Mailing Address

2531 NORTH STATE RD 7  
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1531220

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

BYRON, CHARLES W.

2531 NORTH STATE ROAD 7  
MARGATE FL 33063

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BYRON (CHARLES W.) JR.  
STREET ADDRESS 7000 NORTHWEST 84TH AVENUE  
CITY-ST-ZIP PARKLAND FL



TITLE D  
NAME BYRON (VERNA R.)  
STREET ADDRESS 7000 NORTHWEST 84TH AVENUE  
CITY-ST-ZIP PARKLAND FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



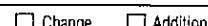
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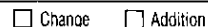
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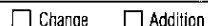
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CITY-ST-ZIP



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:

*Charles W. Byron, Jr.*

Charles W. Byron, Jr. DVM 1/9/02 954-974-1136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 28, 2002 8:00 am  
Secretary of State

01-28-2002 90020 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

411306

CR2E034 (9/01)