## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F46693** CHARLES E. FLETCHER, D.D.S., P.A. Principal Place of Business Mailing Address C/O CHARLES E FLETCHER D.D.S. 2509 SE 17TH ST Principal Place of Dustries Charles Enteroner D.0.3 2509 S.E. 17TH ST. 12 1 2509 S.E. 17TH ST. OCALA FL 34471-5522 **OCALA FL 32671** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip ~ ~

6. Name and Address of Current Registered Agent

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

FLETCHER, CHARLES E. D.D.S.

9. This corporation is eligible to satisfy its Intangible

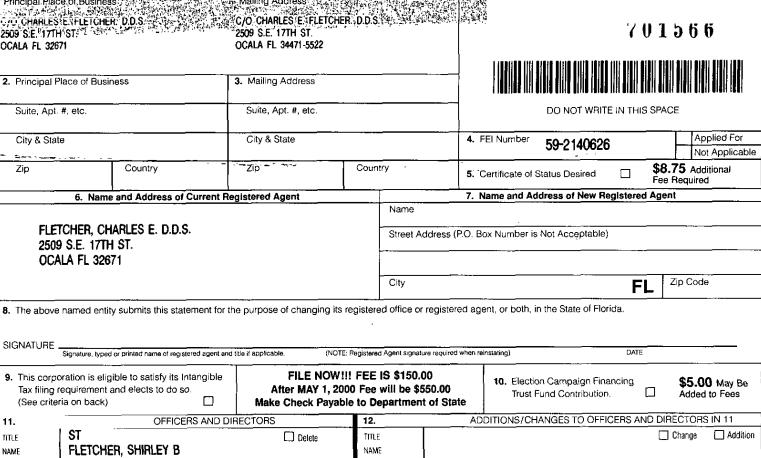
Tax filing requirement and elects to do so.

(See criteria on back)

2509 S.E. 17TH ST. **OCALA FL 32671** 

## **FILED** Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90145 035 \*\*\*150.00



11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLETCHER, SHIRLEY B 2720 SE 14TH STREET OCALA, FL 00000	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLETCHER, CHARLES E. DDS 2509 SE 17TH STREET OCALA, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change	☐ Addition

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

City

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:

City & State

Zip

SIGNATURE

1-352-732-2878