

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H25163

1. Entity Name

CHARLES DACK, M.D., P.A.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90085 020 ***150.00

Principal Place of Business

1935 E EDGEWOOD DRIVE
SUITE M3
LAKELAND FL 33803

Mailing Address

1935 E EDGEWOOD DRIVE
SUITE M3
LAKELAND FL 33803-3468

2. Principal Place of Business

213 KERNEYWOOD ST.

Suite, Apt. #, etc.

3. Mailing Address

213 KERNEYWOOD ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-2449727

Applied For

Not Applicable

Zip

33803

Country

USA

Zip

33803

Country

USA

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

DACK, CHARLES
1935 E EDGEWOOD DRIVE
SUITE M3
LAKELAND FL 33803

Name

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

213 KERNEYWOOD ST.

City

LAKELAND

FL

Zip Code

33803

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

Charles Dack

CHARLES DACK

4/5/00

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 ☐ Delete
NAME DP
STREET ADDRESS DACK, CHARLES
CITY-ST-ZIP 1935 E EDGEWOOD DR M3
LAKELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 213 KERNEYWOOD ST.
CITY-ST-ZIP LAKELAND, FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 Dack

CHARLES DACK

Date

Daytime Phone #

4/5/00 863-680-1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)