

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90060 032 ***150.00

DOCUMENT # **J27117**

1. Entity Name

DALE C. SMITH, DDS, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

224 SOUTHEAST 23RD AVENUE

Suite, Apt. #, etc.

3. Mailing Address

224 SOUTHEAST 23RD AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH FL

Zip

33435

Country

US

City & State

BOYNTON BEACH FL

Zip

33435

Country

US

4. FEI Number

59-271-7870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BOLTON, JEFFREY A. C

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

2401 NW BOCA RATON BLVD

SUITE 100

City

BOCA RATON

FL

Zip Code

33428

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PVT
SMITH DALE C.
224 SOUTHEAST 23RD AVENUE
BOYNTON BEACH FL 33435**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DALE C. SMITH, DDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2002

Date

561-737-2005

Daytime Phone #

CR2E034B (12/01)