

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

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90043 032 \*\*\*150.00

DOCUMENT # K58285

1. Entity Name

CHARLES D. MCNUTT D.D.S., P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3501 NW 84th Avenue

Suite, Apt. #, etc.

3. Mailing Address

3501 NW 84th Avenue

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33351

Country

USA

City & State

Sunrise, FL

Zip

33351

Country

USA

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4. FEI Number

65-0095996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

McNutt, Charles D., D.D.S.

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

3501 NW 84th Avenue

City

Sunrise

FL

Zip Code

33351

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) ☐

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  
D  
McNutt, Charles D.  
3501 NW 84th Avenue  
Sunrise, FL 33351

TITLE  
NAME  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. McNutt

Date

Daytime Phone #