

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90081 014 \*\*\*150.00

DOCUMENT # P00000051823

1. Entity Name  
CHARLES LEE SCHWARTZ, P.A.



Principal Place of Business  
5663 C. FOX HOLLOW DRIVE  
BOCA RATON FL 33486

Mailing Address  
5663 C. FOX HOLLOW DRIVE  
BOCA RATON FL 33486

13910 CROSSPOINTE CT.

13910 CROSSPOINTE CT

PALM BEACH GARDENS, FL 33418

PALM BEACH GARDENS, FL 33418

2. Principal Place of Business

3. Mailing Address

SCHW663\* 334863006 1C02 07 01/03/03  
NOTIFY SENDER OF NEW ADDRESS  
SCHWARTZ, CHARLES LEE P.A.  
13910 CROSSPOINTE CT  
WEST PALM BEACH FL 33418-6981

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1020245

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

SHEETER, PHIL  
9655 S DIXIE HWY  
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHWARTZ, CHARLES L 5663 C. FOX HOLLOW DRIVE BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13910 CROSSPOINTE CT PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles L. Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/03

561-627-7053

Date

Daytime Phone #

CR2E034 (10/02)