

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90244 041 ***158.75

0078378
 AV

DOCUMENT # P00000099164

1. Entity Name
CHARLES DENTAL STUDIO, INC.

Principal Place of Business
715A NE 3RD AVE.
DELRAY BEACH FL 33444

Mailing Address
715A NE 3RD AVE.
DELRAY BEACH FL 33444

B0063458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

657042507

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NEWTON, CHARLES
715A NE 3RD AVE.
DELRAY BEACH FL 33444

Name

Street 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.

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)



FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY - ST - ZIP

D
NEWTON, CHARLES
715A NE 3RD AVE.
DELRAY BEACH FL 33444

☐ Delete

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01 56 279 2933

Date Daytime Phone #

0078378 (5/01)

Attachment

Doc # P000000699164

B00063458

Charles Dental Studio Inc.

715 NE 2nd Ave

Debray Fl. 33444

Dear Sir/Madam

To whom it may concern

I am asking if you will kindly
wave the late charge of \$500 +

The reason being, I did not
receive the notice on time. Secondly
I did not know I had to fill out
the U B R. on account of my being
new in the business.

Yours Respectfully
Charles Nunk

Enclosed is my cheque for \$1,500.00