

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91564 033 ***158.75

DOCUMENT #
1. Entity Name
P 97000108338
Charles Segler, DDS., PA
Dumar Plaza, Ste. D-1
2915 S. Federal Hwy.
Delray Beach, FL 33483-3288

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Charles Segler, DDS., PA
Dumar Plaza, Ste. D-1
2915 S. Federal Hwy.
Delray Beach, FL 33483-3288

3. Mailing Address
Charles Segler, DDS., PA
Dumar Plaza, Ste. D-1
2915 S. Federal Hwy.
Delray Beach, FL 33483-3288

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-080-2836

Applied For
 Not Applicable

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

Zip Country
U.S.A.

Zip Country
U.S.A.

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Charles Segler DDS

Street Address (P.O. Box Number is Not Acceptable)
2915 South Federal Hwy

Delray Beach Ste D 1

City
Delray Beach, FL Zip Code
33483-3288

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<i>P</i> CHARLES SEGLER, DDS. 2915 S. FEDERAL HIGHWAY, STE. #D-1 DELRAY BEACH, FL. 33483-3288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V</i> CHARLES SEGLER, DDS. 2915 S. FEDERAL HIGHWAY, STE. #D-1 DELRAY BEACH, FL. 33483-3288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> CHARLES SEGLER, DDS. 2915 S. FEDERAL HIGHWAY, STE. #D-1 DELRAY BEACH, FL. 33483-3288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> CHARLES SEGLER, DDS. 2915 S. FEDERAL HIGHWAY, STE. #D-1 DELRAY BEACH, FL. 33483-3288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Segler DDS* *04/17/02* *(561) 278-6008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)