

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90102 019 ***150.00

DOCUMENT # **P97000108338**

1. Entity Name
CHARLES SEGLER, D.D.S., P.A.



Principal Place of Business
**2915 S FEDERAL HWY
DUMAR PLAZA, SUITE #D-1
DELRAY BEACH FL 33483-3217**

Mailing Address
**2915 S FEDERAL HWY
DUMAR PLAZA, SUITE #D-1
DELRAY BEACH FL 33483-3217**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0802836**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip
33483-3288

Country
U.S.A.

Zip
33483-3288

Country
U.S.A.

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

**SEGLER, CHARLES DDS
2915 S FEDERAL HWY
DUMAR PLAZA, STE D-1
DELRAY BEACH FL 33483-3217**

Name

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

City

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. 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 **PST** Delete
NAME **SEGLER, CHARLES DDS**
STREET ADDRESS **2915 S. FEDERAL HWY, STE D-1**
CITY-ST-ZIP **DELRAY BEACH FL 33483-3288**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **SEGLER, CHARLES DDS**
STREET ADDRESS **2915 S. FEDERAL HWY, STE D-1**
CITY-ST-ZIP **DELRAY BEACH FL 33483-3288**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **SEGLER, CHARLES DDS**
STREET ADDRESS **2915 S. FEDERAL HWY, STE D-1**
CITY-ST-ZIP **DELRAY BEACH FL 33483-3288**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **SEGLER, CHARLES DDS**
STREET ADDRESS **2915 S. FEDERAL HWY STE D-1**
CITY-ST-ZIP **DELRAY BEACH FL 33483-3288**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Segler DDS, P.A.* **CHARLES SEGLER D.D.S., 01/16/03 (561) 278-6008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (561) 278-6008 Daytime Phone #

CR2E034 (10/02)