

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90181 018 ***150.00

0551683

DOCUMENT # 673932

1. Entity Name

EDWARD WIEST, V.M.D., P.A.

Principal Place of Business

6101 S.W. 27TH AVE.
P.O. BOX 533
OCALA FL 34478-0533
US

Mailing Address

6101 S.W. 27TH AVE.
P.O. BOX 533
OCALA FL 34478-0533
US

2. Principal Place of Business

15160 NW HgW 225

3. Mailing Address

15160 NW HgW 225

Suite, Apt. #, etc.

PO BOX 790

Suite, Apt. #, etc.

PO BOX 790

City & State

FAIRFIELD FL

City & State

FAIRFIELD FL

Zip

32634

Country

MARION

Zip

32634

Country

MARION

4. FEI Number

59-2024935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIEST, EDWARD
6101 S.W. 27TH ST.
OCALA FL 34474

7. Name and Address of New Registered Agent

Name: WIEST, EDWARD
Street Address (P.O. Box Number is Not Acceptable)
15160 NW HgW 225
City: FAIRFIELD FL Zip Code: 32634

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: Edward Wiest Edward Wiest

4-17-01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE: PD
NAME: WIEST, EDWARD
STREET ADDRESS: 6101 S.W. 27TH AVE.
CITY-ST-ZIP: Ocala FL ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: WIEST, EDWARD
STREET ADDRESS: 15160 NW HgW 225
CITY-ST-ZIP: FAIRFIELD FL 32634 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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: Edward Wiest Edward Wiest

4-17-01 352 591 1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)