

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

04-23-2001 90181 018 \*\*\*150.00

0651683

**DOCUMENT # 673932**

1. Entity Name  
**EDWARD WIEST, V.M.D., P.A.**

Principal Place of Business 6101 S.W. 27TH AVE. P.O. BPX 533 OCALA FL 34478-0533 US	Mailing Address 6101 S.W. 27TH AVE. P.O. BPX 533 OCALA FL 34478-0533 US
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2. Principal Place of Business <b>15160 NW Hqw 225</b>	3. Mailing Address <b>15160 NW Hqw 225</b>
Suite, Apt. #, etc. <b>POB 790</b>	Suite, Apt. #, etc. <b>POB 790</b>
City & State <b>FAIRFIELD Fla</b>	City & State <b>FAIRFIELD Fla</b>
Zip <b>32634</b> Country <b>MARION</b>	Zip <b>32634</b> Country <b>MARION</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2024935</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WIEST, EDWARD 6101 S.W. 27TH ST. OCALA FL 34474</b>	7. Name and Address of New Registered Agent Name <b>Wiest, Edward</b> Street Address (P.O. Box Number is Not Acceptable) <b>15160 NW Hqw 225</b> City <b>FAIRFIELD</b> FL Zip Code <b>32634</b>
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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** DATE **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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WIEST, EDWARD 6101 S.W. 27TH AVE. OCALA FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Wiest, Edward FAIRFIELD 15160 NW Hqw 225 Fla 32634</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** DATE **4-17-01** DAYTIME PHONE # **352 591 1220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/00)