FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	IMENT # F00300 HEWETSON, P.A.	v	-4· •				2001 8 ary of \$ 90035 028 **	Stat	te	
Principal Place of Business 1101 BELCHER RD SOUTH "F" LARGO FL 33771 US		Mailing Address 1101 BELCHER RD SOUTH "F" LARGO FL 33771 US								
2. Principal Place of Business 1501 Belcher Road, South Suite, Apt. #, etc. Suite 2B		3. Mailing Address 1501 Belcher Road, South Suite, Apt. #, etc. Suite 2B				DO NOT WRITE IN THIS SPACE				
City & Sta Largo, F	lorida	City & State Largo, Florida			4. f	FEI Number 59-2030 1		No	plied For t Applicable	
33771	Country Pinellas 6. Name and Address of Current F		Country Pinell			Certificate of Status Desired	Fee	75 Add Required		
HEWETSON, GARY A 1101 BELCHER RD., SOUTH 'F' LARGO FL 33771				Street Add 15 Su	ary A. Hewetson Idress (P.O. Box Number is Not Acceptable) 501 Belcher Road, South Ruite 2B argo, FL 33771 FL Zip Code 33771					
SIGNATURE	e named entity submits this statement for	<u> </u>		office or re		ent, or both, in the State of				
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			00.0	te 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD HEWETSON, GARY A 1101 BELCHER RD S. STE F LARGO FL	DIRECTORS Delete	12. TITLE NAME STREET A	ADDRESS	PD Hewets 1501 B	on, Gary A. elcher Road, S		ECTORS Change	IN 11 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-	ADDRESS		-FI: <u>-</u> -33771		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET A					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-	J				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	1				Change	Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that my vered to execute this report a	v signature	shall have	the same le	egal effect as if made unde	er oath; that I am ar	n officer o	or director	