

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35689

1. Entity Name
PATRICE B. MORRISON, P.A.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90270 023 ***150.00

Principal Place of Business
1300 CLINTON SQUARE
ROCHESTER NY 14604-1792

Mailing Address
CLINTON SQUARE, 11TH FLOOR
P. O. BOX 1051
ROCHESTER NY 14603

2. Principal Place of Business

3. Mailing Address

Clinton Square

P.O. Box 31051

Rochester NY

14603-1051 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2473450

Applied For
Not Applicable

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

VAN METER, CAROLYN
5845 URDEA RD
JUPITER FL 33458

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MORRISON, PATRICE B. 1300 CLINTON SQUARE ROCHESTER NY 14603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRISON, WILLIAM BRIAN 190 LINCOLN OAKS PITTSFORD NY 14534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrice Morrison
President

Date

(716) 263-1657
Daytime Phone #

CR2E034 (10/00)