

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90166 004 \*\*\*150.00

**DOCUMENT # P00000069827**

1. Entity Name

**TPT MEDICAL ASSOCIATES, INC.**

Principal Place of Business

**477 DEER POINT DRIVE  
 GULF BREEZE FL 32561**

Mailing Address

**477 DEER POINT DRIVE  
 GULF BREEZE FL 32561**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3655036**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BASS & SANDFORT ACCOUNTANTS, INC.  
 127 EAST ZARAGOZA STREET  
 SUITE 208  
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **BASS & SANDFORT ACCOUNTANTS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1301 W. GARDEN ST**  
 City **PENSACOLA** FL Zip Code **32501**

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 the representative

(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD President</b> <b>WEINGARTEN, KARL</b> <b>2303 WHALEY AVENUE 477 Deer Point Dr</b> <b>PENSACOLA FL 32503 Gulf Breeze, FL 32561</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD Vice President</b> <b>MIETLING, SAMUEL</b> <b>2303 WHALEY AVENUE 477 Deer Point Dr.</b> <b>PENSACOLA FL 32503 Gulf Breeze, FL 32561</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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

**4/18/02 850916 0984**  
 Date Daytime Phone #