

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
 03-13-2002 90135 018 \*\*\*150.00

04-3548  
 AV

**DOCUMENT # P01000015918**

**1. Entity Name**  
**PARRISH WINESETT, M.D., P.A.**

**Principal Place of Business**  
**1947 HAWAII AVENUE NE**  
**ST. PETERSBURG FL 33703**

**Mailing Address**  
**1947 HAWAII AVENUE NE**  
**ST. PETERSBURG FL 33703**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**34041 U.S. Highway 19W**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite C

City & State  
 Palm Harbor, FL

City & State

Zip Country  
 34684 US

Zip Country

**4. FEI Number**  
 59-3708919

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WINESETT, RICHARD W**  
**2248 FIRST STREET**  
**FORT MYERS FL 33901**

**7. Name and Address of New Registered Agent**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** ☐ Delete  
**D**  
**NAME** **WINESETT, PARRISH**  
**STREET ADDRESS** **1947 HAWAII AVENUE NE**  
**CITY-ST-ZIP** **ST. PETERSBURG FL 33703**

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

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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

2/25/02 727 784 9700  
 Date Daytime Phone #

CR2E034 (9/01)