

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90049 033 ***150.00

MAJOR AV

DOCUMENT # P97000096149

1. Entity Name
PATRICIA L. GILCHRIST, LCSW, P.A.

Principal Place of Business **Mailing Address**
~~28021 BEULE COURT~~ **21509 WINLOCK AVE** ~~28021 BEULE COURT~~ **21509 WINLOCK AVE**
PORT CHARLOTTE FL 33952 **PORT CHARLOTTE FL 33952**
US **US**



2. Principal Place of Business **3. Mailing Address**
21509 WINLOCK AVE **21509 WINLOCK AVE**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** **Applied For**
PORT CHARLOTTE FL **PORT CHARLOTTE FL** **65-0794364** **Not Applicable**
Zip **Country** **Zip** **Country**
33952 **USA** **33952** **USA**
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**
WRIGHT, THOMAS D **Name**
10095 OVERSEAS HIGHWAY **Street Address (P.O. Box Number is Not Acceptable)**
SUITE 10
MARATHON FL 33050 **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 **1/31/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILCHRIST, PATRICIA L		NAME		
STREET ADDRESS	21509 WINLOCK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILCHRIST, PATRICIA L		NAME		
STREET ADDRESS	21509 WINLOCK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **1/31/02** **941-643-3552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)