

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90008 026 ***150.00

DOCUMENT # P99000053517

1. Entity Name
JOHN PARRINELLO, D.P.M. P.A.

Principal Place of Business

**4405 LIGHTFOOD STREET
 SPRING HILL FL 34609**

Mailing Address

**4405 LIGHTFOOD STREET
 SPRING HILL FL 34609**

2. Principal Place of Business

9441 Wilderness Trail

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Zip Country

34613

Hernando

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

**PARRINELLO, JOHN
 4405 LIGHTFOOD STREET
 SPRING HILL FL 34609**

Name

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

9441 Wilderness Trail

City **Brooksville FL**

FL

Zip Code **34613**

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

2-21-01

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 **D** ☐ Delete
 NAME **PARRINELLO, JOHN**
 STREET ADDRESS **4405 LIGHTFOOD STREET**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ Addition
 NAME **9441 Wilderness Trail**
 STREET ADDRESS **Brooksville, FL**
 CITY-ST-ZIP **34613**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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

Date

Daytime Phone #

2-21-01

CR2E034 (10/00)