

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081594

1. Entity Name

ERNST E. VIEUX, JR., M.D., P.A.

Principal Place of Business

3000 FIRST AVE NORTH  
SAINT PETERSBURG FL 33713  
US

Mailing Address

P.O. BOX 1385  
ST PETERSBURG FL 33731  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3598373

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

PRIESTER-VIEUX, COLLEEN Y  
1525 DEMENS DR SOUTH  
ST PETERSBURG FL 33705

Name

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

3000 First Ave North

City

St. Petersburg

FL

Zip Code

33713

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

*Colleen Y. Priester-Vieux*

(NOTE: Registered Agent signature required when reinstating)

3/20/01

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  
D  
VIEUX, ERNST E JR  
1525 DEMENS DR SOUTH  
ST PETERSBURG FL 33705 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3000 First Ave North  
St. Petersburg, FL 33713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PRIESTER-VIEUX, COLLEEN Y  
1525 DEMENS DR SOUTH  
ST PETERSBURG FL 33705 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3000 First Ave North  
St. Petersburg, FL 33713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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☐ Change ☐ 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

3/20/01

Date

(727) 328-7400

Daytime Phone #

CR2E034 (10/00)

0524453

FILED  
Mar 22, 2001 8:00 am  
Secretary of State

03-22-2001 90017 006 \*\*\*158.75



DO NOT WRITE IN THIS SPACE