

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90335 042 ***150.00

DOCUMENT # P02000020219

1. Entity Name
SARI NEWMAN BERNSTEIN, PHD. P.A.



Principal Place of Business
1966 SPOONBILL STREET
JACKSONVILLE FL 32224

Mailing Address
1966 SPOONBILL STREET
JACKSONVILLE FL 32224

2. Principal Place of Business
1965 Spoonbill St
Suite, Apt. #, etc.
Jacksonville, FL

3. Mailing Address
1965 Spoonbill St
Suite, Apt. #, etc.
Jacksonville, FL

City & State
32224

City & State
Jacksonville, FL

4. FEI Number
02-0553643

Applied For
Not Applicable

Zip
USA

Zip
32224
USA

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

6. Name and Address of Current Registered Agent

BERNSTEIN, SARI N
1966 SPOONBILL STREET
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name
Sari Newman Bernstein
Street Address (P.O. Box Number is Not Acceptable)
1965 Spoonbill St
City
Jacksonville **FL** **Zip Code**
32224

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sari Bernstein PhD*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4.11.03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE D | <input type="checkbox"/> Delete |
| NAME BERNSTEIN, SARI N | |
| STREET ADDRESS 1966 SPOONBILL STREET | |
| CITY-ST-ZIP JACKSONVILLE FL 32224 | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Bernstein, Sari N. | |
| STREET ADDRESS 1965 Spoonbill St | |
| CITY-ST-ZIP Jacksonville, FL 32224 | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sari Bernstein PhD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4.11.03** **Daytime Phone #** **(904) 476-5965**

CR2E034 (10/02)