

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # 233206**1. Entity Name
SARON PHARMACAL CORP**Principal Place of Business**C/O WILLIAM K SARON, ESQ
1400 66TH ST N SUITE 104
ST PETERSBURG
33710

FL

US

Mailing Address% WILLIAM K SARON, ESQ
1400 66TH ST N SUITE 104
ST PETERSBURG
33710

FL

US

2. Principal Place of Business

C/O WILLIAM K SARON, ESQ

3. Mailing Address

% WILLIAM K SARON, ESQ

Suite, Apt. #, etc.

1700 66TH ST N SUITE 207

Suite, Apt. #, etc.

1700 66TH ST N SUITE 207

City & State

ST PETERSBURG

FL

City & State

ST PETERSBURG

FL

Zip

33710

Country

US

Zip

33710

Country

US

4. FEI Number**59-0901497****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSARON, WILLIAM K. ESQ
1400 66TH ST N SUITE 104

ST PETERSBURG

33710

FL

US

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

SARON, WILLIAM K. ESQ

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

1700 66TH ST N SUITE 207

City

ST PETERSBURG

FL

Zip Code

33710

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)

04/11/2001

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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	SARON, WILLIAM K	
STREET ADDRESS	1400 66TH ST N SUITE 104	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	SARON, SALLY	
STREET ADDRESS	5008 QUEEN PALM TERRACE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SARON, JOHN ROBERT	
STREET ADDRESS	7100 30TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARON, WILLIAM K	
STREET ADDRESS	1700 66TH ST N SUITE 207	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARON, SALLY	
STREET ADDRESS	5008 QUEEN PALM TERRACE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARON, JOHN ROBERT	
STREET ADDRESS	7100 30TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: William K. Saron

VD

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)