

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 496293

1. Entity Name  
PSP OF PENSACOLA, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90044 010 \*\*\*150.00

Principal Place of Business 4925 BEACH BLVD JACKSONVILLE FL 32207 US	Mailing Address C/O E. SAFER <del>4925 BEACH BLVD</del> JACKSONVILLE FL 32207 US
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00000314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 11650 Sedgemoore Dr N Suite, Apt. #, etc.
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City & State Jacksonville FL	City & State Jacksonville FL
Zip 32223	Country US

4. FEI Number 59-1673213	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAFER, ELIOT J. 4925 BEACH BLVD SUITE 100 JACKSONVILLE FL 32207
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7. Name and Address of New Registered Agent Name Eliot J. Safer Street Address (P.O. Box Number is Not Acceptable) 11650 Sedgemoore Dr N City Jacksonville FL Zip Code 32223
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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 Eliot J. Safer (NOTE: Registered Agent signature required when reinstating) DATE 1/18/01

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAIMAN, MARVIN 3974 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISH, MARVIN 3974 WOODCOCK SUITE 100 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAIMAN, DAVID 3974 WOODCOCK DR SUITE 100 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAFER, ELIOT J. 3974 WOODCOCK DR., SUITE 100 JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Eliot J. Safer DATE 1/17/01 Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)