

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90167 048 \*\*\*150.00

DOCUMENT # J04214

1. Entity Name

DAVID M. WIESENFELD, P.A.

Principal Place of Business

~~320 E. ADAMS ST.~~  
 JACKSONVILLE FL 32202  
 US

Mailing Address

~~320 E. ADAMS ST.~~  
 JACKSONVILLE FL 32202  
 US

4407 BARRINGTON OAKS DR.

2. Principal Place of Business

JACKSONVILLE  
 Suite, Apt. #, etc.  
 FLORIDA

3. Mailing Address

4407 Barrington Oaks Dr.  
 Suite, Apt. #, etc.  
 Jacksonville Florida  
 City & State



DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number 59-2623412

Applied For

Not Applicable

Zip 32257

Country U.S.A.

Zip 32257

Country V.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIESENFELD, DAVID M.  
 320 E ADAMS ST  
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name David M. Wiesenfeld  
 Street Address (P.O. Box Number is Not Acceptable)  
 4407 Barrington Oaks Dr  
 City Jacksonville FL Zip Code 32257

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 *DM Wiesenfeld* 22 March 01  
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) 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 P  
 NAME WIESENFELD, DAVID M.  
 STREET ADDRESS 320 E ADAMS ST (see above)  
 CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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: *DM Wiesenfeld* 22 Mar 01 904-292-1111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

001108E