

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # J78686**1. Entity Name  
**SARON & EISENSTADT, P.A.****Principal Place of Business**1400 66TH ST N  
SUITE 104  
ST PETERSBURG FL  
33710 US**Mailing Address**1400 66TH ST N  
SUITE 104  
ST PETERSBURG FL  
33710 US**2. Principal Place of Business**

1700 66TH ST N

**3. Mailing Address**

1700 66TH ST N

Suite, Apt. #, etc.  
SUITE 207Suite, Apt. #, etc.  
SUITE 207City & State  
ST PETERSBURG FLCity & State  
ST PETERSBURG FLZip Country  
33710 USZip Country  
33710 US4. FEI Number  
**59-2818867**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SARON, WILLIAM K.  
1400 66TH ST N  
SUITE 104  
ST PETERSBURG FL  
33710 US**7. Name and Address of New Registered Agent**Name  
SARON, WILLIAM K.  
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 \_\_\_\_\_ **04/11/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	DVS	<input type="checkbox"/> Delete
NAME	EISENSTADT, BRIAN B.	
STREET ADDRESS	1400 66TH ST N SUITE 104	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	SARON, WILLIAM K.	
STREET ADDRESS	1400 66TH ST N SUITE 104	
CITY-ST-ZIP	ST PETERSBURG FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENSTADT, BRIAN B.	
STREET ADDRESS	1700 66TH ST N SUITE 207	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	DPT	<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		<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		
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

DPT 04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)