2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 08:00 AM
Secretary of State

DOCUMENT # **P93000056292**

1. Entity Name
SAAVEDRA & RIEMER, P.A.

Principal Place of Business	Mailing Address
2727 W. MLK BLVD #660 TAMPA FL 33607 US	2727 W. MLK BLVD #660 TAMPA FL 33607 US

2. Principal Place of Business	3. Mailing Address
619 EICHENFELD DRIVE	619 EICHENFELD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON FL	City & State: BRANDON FL
Zip: 33511 Country: US	Zip: 33511 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3195234** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERT EDDY & ASSCIATES, P.A. 808 W. DE LEON ST TAMPA FL 33606 US	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ **01/19/2001**
Signature, typed or printed name of registered agent and title 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPT SAAVEDRA JOSEPH J. 2727 W. MLK BLVD. #660 TAMPA FL	☐ Delete	SVPT SAAVEDRA JOSEPH J. 619 EICHENFELD DRIVE BRANDON FL 33511	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RIEMER IRA A. 2727 W. MLK BLVD #660 TAMPA FL	☐ Delete	P RIEMER IRA A. 619 EICHENFELD DRIVE BRANDON FL 33511	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (11/00)

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: Ira A. Riemer, MD P 01/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #