

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052085

1. Entity Name
BRONSTEIN, CARLSON, GLEIM & SMITH, P.A.

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90002 007 ***150.00

Principal Place of Business
150 2ND AVE N
STE 1100
ST PETERSBURG FL 33701
US

Mailing Address
150 2ND AVE N
STE 1100
ST PETERSBURG FL 33701
US

642618



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3256800 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| BRONSTEIN, JOEL D 150 2ND AVE N STE 1100 ST PETERSBURG FL 33701 | | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|------------------------|---------------------------------|---|---|--|
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CARLSON, SUSAN W | | NAME | | |
| STREET ADDRESS | 1301 PASS A GRILLE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL | | CITY-ST-ZIP | | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GLEIM, HOLGER D | | NAME | | |
| STREET ADDRESS | 870 SAND PINE DR NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL | | CITY-ST-ZIP | | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMITH, THOMAS B | | NAME | | |
| STREET ADDRESS | 815 JENNINGS AVE N | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL | | CITY-ST-ZIP | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRONSTEIN, JOEL D | | NAME | | |
| STREET ADDRESS | 1303 PASS A GRILLE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: X [Signature] 4/3/01 727-838-6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Handwritten: H. Halpment Doc # P94000052085 Stamp # 642618
BRONSTEIN, CARLSON, GLEIM & SMITH, P.A.

Joel D. Bronstein
Board Certified in Tax Law

Susan W. Carlson
Board Certified in Tax Law

Holger D. Gleim
Board Certified in Wills, Trusts & Estates

Thomas B. Smith
Board Certified in Health Law

Jeffrey J. Kallan

Suite 1100
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St. Petersburg, Florida 33701

(727) 898-6688
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Writer's E-Mail Address:
stthomas@bcgs-law.com

Refer to File No.

999999

Writer's Direct Dial No.

(727) 898-6690

April 16, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Handwritten: # P94000052085

RE: Bronstein, Carlson, Gleim & Smith, P.A.

Gentlemen:

Enclosed is the 2001 Uniform Business Report, along with our check in the amount of \$150.00, representing the filing fee.

Please acknowledge receipt and filing of this Report by stamping the extra copy of the report provided and returning same to the undersigned.

Sincerely,

Handwritten signature: Sue Thomas

Sue Thomas,
Paralegal to Joel D. Bronstein

ST/mk
Enc.