

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002822

**Entity Name:** SAXE DOERNBERGER & VITA, P.C.INC.

**Current Principal Place of Business:**

851 5TH AVENUE N  
SUITE 301  
NAPLES, FL 34102

**Current Mailing Address:**

35 NUTMEG DRIVE  
SUITE 140  
TRUMBULL, CT 06611 US

**FEI Number: 06-1456414**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PODOLAK, GREGORY D  
2499 10TH STREET NORTH  
NAPLES, FL 34103 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name SAXE, TRACY A  
Address 612 CHESTNUT RIDGE ROAD  
City-State-Zip: ORANGE CT 06477

Title DVP  
Name DOERNBERGER, EDWIN L  
Address 8 PINE RIDGE ROAD  
City-State-Zip: WOODBRIDGE CT 06525

Title DST  
Name VITA, JEFFREY J  
Address 8 HIDDEN BROOK ROAD  
City-State-Zip: HAMDEN CT 06517

Title D  
Name WELCH, JEREMIAH  
Address 2605 CLEARCREST LANE  
City-State-Zip: FALLBROOK CA 92028

Title D  
Name PODOLAK, GREGORY  
Address 2499 10 STREET N  
City-State-Zip: NAPLES FL 34103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EDWIN DOERNBERGER**

**DVP**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date