

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90349 044 ***158.75

DOCUMENT # P01000016477

1. Entity Name

STANLEY G. GORSICA, P.A., ATTORNEY AND COUNSELOR AT LAW

Principal Place of Business

**1833 HALSTEAD BLVD. STE 1410
 TALLAHASSEE FL 32308**

Mailing Address

**1833 HALSTEAD BLVD. STE 1410
 TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1833 Halstead Blvd, No. 1410

Suite, Apt. #, etc.

Post Office Box 14288

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32309

Country

USA

Zip

32317
~~32309~~

Country

USA

4. FEI Number

59-3713049

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GORSICA, STANLEY G
 1833 HALSTEAD BLVD, STE 1410
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **Gorsica, Stanley G.**
 Street Address (P.O. Box Number is Not Acceptable) **1833 Halstead Blvd.**
No. 1410
 City **Tallahassee** **FL** Zip Code **32309**

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

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D	GORSICA, STANLEY G	1833 HALSTEAD BLVD, STE 1410 TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D/P/S/T	Gorsica, Stanley G.	1833 Halstead Blvd., No. 1410 Tallahassee, FL 32309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Stanley G. Gorsica** **Stanley G. Gorsica** **04/30/02** **850-668-5741**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)