

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0048871 AV

DOCUMENT # P01000016477

1. Entity Name

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



Principal Place of Business
1833 HALSTEAD BLVD. NO.1410
TALLAHASSEE FL 32308

Mailing Address
POST OFFICE BOX 14288
TALLAHASSEE FL 32317

03 MAY -1 PM 1:16

FILED

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Post Office Box 13612

City & State

City & State

Tallahassee, FL

4. FEI Number

59-3713049

Applied For

Not Applicable

Zip

Country

Zip

32317

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORSICA, STANLEY G
1833 HALSTEAD BLVD, NO.1410
TALLAHASSEE FL 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
GORSICA, STANLEY G
1833 HALSTEAD BLVD, NO.1410
TALLAHASSEE FL 32309

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stanley G. Gorsica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley G. Gorsica

04/30/03 (850) 668-5741

Date

Daytime Phone #

CR2E034 (10/02)