

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000038781**

1. Entity Name
DOMINIC PAUL SAGORSKI, P.A.

Principal Place of Business
**390 N ORANGE AVE STE 1630
ORLANDO FL 32801**

Mailing Address
**390 N ORANGE AVE STE 1630
ORLANDO FL 32801**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SAGORSKI, DOMINIC P
390 N ORANGE AVE STE 1630
ORLANDO FL 32801**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **SAGORSKI, DOMINIC P**
STREET ADDRESS **390 N ORANGE AVE STE 1630**
CITY-ST-ZIP **ORLANDO FL 32801**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

DOMINIC PAUL SAGORSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-02 407-841-1940

Date

Daytime Phone #

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90068 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)