

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90779 029 ***150.00

DOCUMENT # P01000045669

1. Entity Name

ROBERT J. SORACI, P.A.



Principal Place of Business

**200 NE 1 STREET
 GAINESVILLE FL 32601**

Mailing Address

**200 NE 1 STREET
 GAINESVILLE FL 32601**

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

59-3214270

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KRUEGER, SCOTT D
 2790 NW 43 ST STE 200
 GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 SORACI, ROBERT J
 200 NE FIRST STREET
 GAINESVILLE FL 32601**

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J Soraci

4-22-02 (352)3764691
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

ROBERT J. SORACI

ATTORNEY AT LAW

200 NE 1st Street

Gainesville, Florida 32601

Telephone: (352) 376-4671 Facsimile: (352) 376-6017

GENERAL PRACTICE IN PERSONAL INJURY AND WRONGFUL DEATH

#P010000045669

6/4/97

April 22, 2002

Florida Dept. of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

To Whom it May Concern:

Enclosed please find an executed 2002 Uniform Business Report Form for ROBERT J. SORACI, P.A., along with a check in the amount of \$150.00 for the annual fee. I have also enclosed an unexecuted 2002 Uniform Business Report Form for SORACI & TURNAGE, P.A. Please note for your records that SORACI & TURNAGE P.A. was dissolved on April 28, 2001.

Very truly yours,



ROBERT J. SORACI, ESQUIRE

:yfd