

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90250 047 ***150.00

0002413 AT

DOCUMENT # P01000119227
1. Entity Name
SORRY, P.A. **R. Jeremy Solomon, P.A.**

Principal Place of Business **Mailing Address**
227 S CALHOUN ST **227 S CALHOUN ST**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301**

362054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
2108 Delta Way **Post Office Box 12879**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State** **4. FEI Number** **Applied For**
Tallahassee, FL **Tallahassee, FL** **80-0007350** **Not Applicable**
Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** **\$8.75 Additional**
32303 **32317** **Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
PIERCE, ROBERT A **Name**
227 S CALHOUN ST **Street Address (P.O. Box Number is Not Acceptable)**
TALLAHASSEE FL 32301 **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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
Make Check Payable to Department of State

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------|--|---|----------------------------|--|
| TITLE | PSTD | <input checked="" type="checkbox"/> Delete | TITLE | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIERCE, ROBERT A | | NAME | R. Jeremy Solomon | |
| STREET ADDRESS | 227 S CALHOUN ST | | STREET ADDRESS | 2108 Delta Way | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | | CITY-ST-ZIP | Tallahassee, Florida 32303 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: **4/30/02** **850/385-6648**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)