

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90040 016 \*\*\*150.00

**DOCUMENT # P95000044814**

1. Entity Name  
**VERONICA M. CAGGIANO, P.A.**

Principal Place of Business  
**250 DONNELLY ST**  
**MOUNT DORA FL 32757**  
**US**

Mailing Address  
~~250 DONNELLY ST~~  
**MOUNT DORA FL 32757**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**851 N. Donnelly**  
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3323959** Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>CAGGIANO, VERONICA M</b> <b>12039 CANAL STREET</b> <b>TAVARES FL 32778</b>	Name
	Street Address (P.O. Box Number is Not Acceptable) <b>112 Hillside Dr</b>
	City <b>Eustis</b> FL Zip Code <b>32726</b>

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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAGGIANO, VERONICA M</b>	NAME	
STREET ADDRESS	<b>12039 CANAL STREET</b>	STREET ADDRESS	<b>112 Hillside Drive</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	CITY-ST-ZIP	<b>Eustis, FL 32726</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAGGIANO, VICTOR J</b>	NAME	
STREET ADDRESS	<b>12039 CANAL STREET</b>	STREET ADDRESS	<b>112 Hillside Dr</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	CITY-ST-ZIP	<b>Eustis, FL 32726</b>
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	
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	
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: Veronica Caggiano **VERONICA CAGGIANO** 1-7-02 352-267-2001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E034 (9/01)