

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90004 050 ***150.00

DOCUMENT # 487944

1. Entity Name
KING MORRIS LODGES, INC.

Principal Place of Business 3911 BROADWAY P.O. BOX 078797 WEST PALM BEACH FL 33407	Mailing Address 3911 BROADWAY P.O. BOX 078797 WEST PALM BEACH FL 33407
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number **59-1647304**

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRIS, ROBERT E
 145 OCEAN AVENUE, APT. 609
 PALM BEACH SHORES FL 33404**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete
NAME	MORRIS, ROBERT K
STREET ADDRESS	220 CHURCHILL ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	V <input type="checkbox"/> Delete
NAME	MORRIS, DOROTHY K
STREET ADDRESS	145 OCEAN AVE
CITY-ST-ZIP	PALM BCH SHRS, FL 00000
TITLE	T <input type="checkbox"/> Delete
NAME	MORRIS, PAUL K
STREET ADDRESS	14721 GRANDVIEW
CITY-ST-ZIP	OVERLAND PARK KS
TITLE	S <input type="checkbox"/> Delete
NAME	MORRIS, ROBERT E
STREET ADDRESS	145 OCEAN AVE
CITY-ST-ZIP	PALM BCH SHRS, FL 00000
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Robert E. Morris, Secretary 3/14/02 561-842-8041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)