

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91102 021 \*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1647304**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **MORRIS, ROBERT E.**

Street Address (P.O. Box Number is Not Acceptable)  
**211 DANUBE WAY**

City **PALM BEACH GARDENS FL** Zip Code **33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert E. Morris* **ROBERT E. MORRIS, Secretary** 3/12/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **P MORRIS, ROBERT K**  
STREET ADDRESS **220 CHURCHILL ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **V MORRIS, DOROTHY K**  
STREET ADDRESS **145 OCEAN AVE**  
CITY-ST-ZIP **PALM BCH SHRS, FL 00000**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **211 DANUBE WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE  Delete  
NAME **T MORRIS, PAUL K**  
STREET ADDRESS **14721 GRANDVIEW**  
CITY-ST-ZIP **OVERLAND PARK KS**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S MORRIS, ROBERT E**  
STREET ADDRESS **445 OCEAN AVE**  
CITY-ST-ZIP **PALM BCH SHRS, FL 00000**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **211 DANUBE WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert E. Morris* **ROBERT E. MORRIS, SECRETARY** 3/12/03 (501) 842-8041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)