

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90168 025 ***150.00

DOCUMENT # 610375

1. Entity Name

MORGAN & BURT ELECTRIC CO., INC.



Principal Place of Business
**4150 112TH TERRACE NORTH
CLEARWATER FL 33762**

Mailing Address
**4150 112TH TERRACE NORTH
CLEARWATER FL 33762**

2. Principal Place of Business

12503 Creekside Drive

3. Mailing Address

12503 Creekside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number

59-1885853

Applied For

Not Applicable

Zip

33773

Country

USA

Zip

33773

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, WILBUR
13941 86TH AVE NORTH
SEMINOLE FL 33742**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Wilbur Morgan

President/Owner

01/09/03

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 NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, W F 13941 86TH AVE N SEMINOLE FL 33742	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICKARD, ROBERT E PO BOX 12115 BROOKSVILLE FL 34601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, M J 13941 86TH AVE N SEMINOLE FL 33742	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

President

01/09/03

(727) 507-0997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)