

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0094376 AV

**DOCUMENT # L13197**

1. Entity Name  
**1065 WEST MORSE, INC.**

04-01-2002 90174 010 \*\*\*150.00

Principal Place of Business  
**C/O RICHARD M. ROBINSON**  
**301 E. PINE STREET, SUITE 1200**  
**ORLANDO FL 32801**

Mailing Address  
**C/O RICHARD M. ROBINSON**  
**PO BOX 3068**  
**ORLANDO FL 32802-3068**



2. Principal Place of Business  
**1065 W. Morse Blvd**

3. Mailing Address  
**1065 W. Morse Blvd**

Suite, Apt., #, etc.  
**Suite 202**

Suite, Apt., #, etc.  
**Suite 202**

DO NOT WRITE IN THIS SPACE

City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

4. FEI Number **59-2969224**

Applied For  
☐ Not Applicable

Zip **32789** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**ROBINSON, RICHARD M.**  
**301 E. PINE STREET**  
**SUITE 1400**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name  
**Irving S. Kolin**

Street Address (P.O. Box Number is Not Acceptable)  
**1065 W. Morse Blvd**

**Suite 202**

City **Winter Park** **FL** Zip **32789**

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 *Irving S. Kolin* **Irving S. Kolin, Pres.** **03/19/02**

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. (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KOLIN, IRVING S.</b> <b>1065 W. MORSE BLVD.</b> <b>WINTER PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KOLIN, IRVING S.</b> <b>1065 W. MORSE BLVD.</b> <b>WINTER PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KOLIN, ROCHELLE</b> <b>1065 W. MORSE BLVD</b> <b>WINTER PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Irving S. Kolin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/19/02 407 244 1122**

Date Daytime Phone #

CR2E034 (9/01)