

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/7/

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

05-07-2003 90166 047 ***150.00

DOCUMENT # P02000092371

1. Entity Name
MORRIS SECURITY INC.



Principal Place of Business
**970 E MAYS ST
MONTICELLO FL 32344**

Mailing Address
**970 E MAYS ST
MONTICELLO FL 32344**

55049930

2. Principal Place of Business
970 EAST May St.
Suite, Apt. #, etc.

3. Mailing Address
970 EAST May St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MONTICELLO FL 32344
Zip
32344
Country
Jefferson

City & State
MONTICELLO FL 32344
Zip
32344
Country
Jefferson

4. FEI Number
134208878

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, JOHNNY L
970 E MAYS ST
MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

Name
JOHNNY L. MORRIS
Street Address (P.O. Box Number is Not Acceptable)
970 EAST May St
City
MONTICELLO FL Zip Code
32344

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

(NOTE: Registered Agent signature required when re/issuing)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, JOHNNY L 970 E MAYS ST MONTICELLO FL 32344	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 4 2003 **997-3280**
Date Daytime Phone #

CR2E034 (10/02)