

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013991

1. Entity Name

MORSE AVENUE DEVELOPMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90377 022 ***150.00

Principal Place of Business 4540 SOUTHSIDE BLVD., STE. 302 JACKSONVILLE FL 32216	Mailing Address 4540 SOUTHSIDE BLVD., STE. 302 JACKSONVILLE FL 32216-5488
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2. Principal Place of Business 9551 Baymeadows Road Suite, Apt. #, etc. Suite 4 City & State Jacksonville, FL Zip 32256	Country	3. Mailing Address 9551 Baymeadows Road Suite, Apt. #, etc. Suite 4 City & State Jacksonville, FL Zip 32256	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3562852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HURST, CHRISTOPHER J 4540 SOUTHSIDE BLVD., STE. 302 JACKSONVILLE FL 32216	7. Name and Address of New Registered Agent Name STOKES, E. CHESTER, JR. Street Address (P.O. Box Number is Not Acceptable) 9551 BAYMEADOWS ROAD, SUITE 4 City JACKSONVILLE FL Zip Code 32256
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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 3/17/00
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D HURST, CHRISTOPHER J 4540 SOUTHSIDE BLVD., STE. 302 JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOKES, E. CHESTER, JR. 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PUTNAL, JAMES E. 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAREN, MICHAEL E. 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALLACE, L. DENISE 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FREDENHAGEN, SHARON W. 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HICE, SHERRY 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" 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: Sherry Hice, Secretary Date 3/17/00 Daytime Phone # 904/739-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)