

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90118 050 ***150.00

DOCUMENT # 276933



1. Entity Name
MORRISON TUNG OIL COMPANY

Principal Place of Business
**P. O. BOX 791
TAVERNIER FL 33070
US**

Mailing Address
**P. O. BOX 791
TAVERNIER FL 33070
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1088073**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GORTEMOLLER, JOHN A.
5TH STREET AND 5TH AVE.
MARIANNA FL 32446**

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 _____ (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	SD	<input type="checkbox"/> Delete
NAME	MORRISON, NATALIE	
STREET ADDRESS	P. O. BOX 791	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, TREY	
STREET ADDRESS	P. O. BOX 791	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRISON, LANGDON	
STREET ADDRESS	P. O. BOX 791	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, HEATHER	
STREET ADDRESS	P. O. BOX 791	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 titles empowered.

SIGNATURE: *Natalie Morrison* **1/23/03** **(305) 852-8908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)