

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90348 017 ***150.00

DOCUMENT # 437771**1. Entity Name**
MORRISON ELECTRIC, INC.**Principal Place of Business**
757 PONDELLA RD.
NORTH FORT MYERS FL 33903**Mailing Address**
757 PONDELLA RD.
NORTH FORT MYERS FL 33903**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-1501219**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MORRISON, SARA J.**
757 PONDELLA ROAD
NORTH FORT MYERS FL 33903**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.

SIGNATURE

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	
PD	MORRISON, JACK L.JR.	521 S.E. FORT KING STREET	OCALA FL 34471	<input type="checkbox"/> Delete

STD	MORRISON, SARA	521 S.E. FORT KING STREET	OCALA FL 34471	<input type="checkbox"/> Delete
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D	MORRISON, BRADLEY	49 CLEMSON ST	CHARLESTON SC 29403	<input type="checkbox"/> Delete
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D	RICHMOND, ANGELA	11750 SE 123RD STREET	BELLEVIEW FL 34420	<input type="checkbox"/> Delete
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D	MORRISON, MATTHEW	4505 WILLA CREEK DRIVE APT 213	WINTER PSRINGS FL 32708	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	MORRISON, JACK L. JR.	2406 SE 28TH STREET	OCALA, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

STD	MORRISON, SARA	2406 SE 28TH STREET	OCALA, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)