

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90149 038 ***150.00

SECTION
 AV

DOCUMENT # 590975

1. Entity Name
MORGAN'S CAR SALES, INC.

Principal Place of Business
2766 US HWY 441-27
FRUITLAND PARK FL 34731
US

Mailing Address
2766 US HWY 441-27
FRUITLAND PARK FL 34731
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1864018**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, LUCILLE V
05351 MAGNOLIA RIDGE RD
FRUITLAND PARK FL 34731

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

☒ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGAN, JOE L	
STREET ADDRESS	05351 MAGNOLIA RIDGE RD	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORGAN, LUCILLE V.	
STREET ADDRESS	05351 MAGNOLIA RIDGE RD	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORGAN, RANDALL L.	
STREET ADDRESS	37245 GRAYS AIRPORT RD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Harold L. Nelson	
STREET ADDRESS	4035 Palm Drive	
CITY-ST-ZIP	Heesburg, FL 34748	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lucille V. Morgan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)