

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90094 014 ***150.00

DOCUMENT # 607966

1. Entity Name
MORTON'S ASSOCIATES, INC.



Principal Place of Business
**3035 TAMiami TRAIL
PORT CHARLOTTE FL 33952**

Mailing Address
**3035 TAMiami TRAIL
PORT CHARLOTTE FL 33952**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1911370**

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

**WAKSLER, BARBARA
142 SE LELAND ST.
PORT CHARLOTTE FL 33952**

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

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

(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	V	<input type="checkbox"/> Delete
NAME	WAKSLER, MORTON	
STREET ADDRESS	142 SE LELAND ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WAKSLER, BARBARA	
STREET ADDRESS	142 SE LELAND ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WAKSLER, JOSEPH	
STREET ADDRESS	160 HERONS CT	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAKSLER, GERI	
STREET ADDRESS	160 HARBOR CT	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
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
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CITY-ST-ZIP		
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 like empowered.

SIGNATURE:

Morton Wakslers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

Date

941-625-1454

Daytime Phone #

CR2E034 (10/02)