

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90510 049 ***150.00

DOCUMENT # 625861

1. Entity Name
MORRISSEY DAIRY EQUIPMENT AND SUPPLY COMPANY, INC.



Principal Place of Business

**PASO FINA ROAD
PENNEY FARMS FL 32079**

Mailing Address

**P. O. BOX 155
PASO FINA ROAD
PENNEY FARMS FL 32079
US**

2. Principal Place of Business

3925 Paso Fina Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Penney Farms, FL

City & State

Zip

32079

Country

US

Country

4. FEI Number **59-1911094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANNE L MORRISSEY
3927 PASO FINA ROAD
PENNEY FARMS FL 32079**

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. 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

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MORRISSEY, JAMES DAVID | |
| STREET ADDRESS | PASO FINA RD, PO BOX 124 | |
| CITY-ST-ZIP | PENNEY FARMS FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MORRISSEY, ANNE L | |
| STREET ADDRESS | 3927 PASO FINA RD | |
| CITY-ST-ZIP | PENNEY FARMS FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DANA, WAYNE C | |
| STREET ADDRESS | 2705 UPSET CT | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL 32043 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
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| STREET ADDRESS | | |
| 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:

Anne L. Morrissey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03
Date

904-529-9341
Daytime Phone #

CR2E034 (10/02)