

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003764

1. Entity Name

MOROCH & ASSOCIATES, INC.

OK

02-21-2001 90010 023 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 12 AM 8:17

Principal Place of Business

3625 N. HALL ST., STE 500
DALLAS TX 75219

Mailing Address

3625 N. HALL ST., STE 500
DALLAS TX 75219

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

99-01

4. FEI Number ~~75-1785484~~ OK

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOROCH, THOMAS
3102 N. HABANA #310
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2001 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
C
KEMPF, PAT
3625 N. HALL ST., STE 500
DALLAS TX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
BOSWELL, ROB
3625 N. HALL ST., STE 500
DALLAS TX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
SEPANEC, MARK
3625 N. HALL ST., STE 500
DALLAS TX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
C
KEENE, LAURA
3625 N. HALL ST., STE 500
DALLAS TX ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STEPANEC, MARK ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
AD

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: Laura Keene Laura Keene 2/7/01 214-520-5637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

2/22