

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90083 033 ***150.00

DOCUMENT # F01000006065

1. Entity Name

MORRIS & MCDANIEL, INC

DO NOT WRITE IN THIS SPACE

80053567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

117 SOUTH SAINT ASAPH ST

Suite, Apt. #, etc.

P.O. Box 104

City & State

ALEXANDRIA, VA

City & State

JACKSON, MS

Zip

22314

Country

USA

Zip

39205

Country

USA

4. FEI Number

64-0595753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK K. LOGAN

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

SMITH, BALLARD, & LOGAN

403 EAST PARK AV

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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 translating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P PRESIDENT
DAVID M MORRIS
117 SOUTH SAINT ASAPH ST
ALEXANDRIA, VA 22314

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP VICE PRESIDENT
JOSEPH F. NASSAR
117 SOUTH SAINT ASAPH ST
ALEXANDRIA, VA 22314

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

David M Morris, VP

3/13/02

703-836-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #