

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F58810

1. Entity Name
M.W. MORRIS & ASSOCIATES, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90005 043 ***550.00

0094566 AV

Principal Place of Business
11000 METRO PKWY
UNIT 27
FT MYERS FL 33912
US

Mailing Address
PO BOX 60742
FT MYERS FL 33906
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2709 Sol y Luz Loop
Suite, Apt. #, etc.

3. Mailing Address
2709 Sol y Luz Loop
Suite, Apt. #, etc.

City & State
Santa Fe NM
Zip
87505
Country
Santa Fe

City & State
Santa Fe NM
Zip
87505
Country
Santa Fe

4. FEI Number 59-2296765
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RIVERS, SCOTT W.
7149 SHANNON BLVD.
FT. MYERS FL 33908

7. Name and Address of New Registered Agent
Name
Betty L. Rubinski
Street Address (P.O. Box Number is Not Acceptable)
4774 Santa Del Rae
City
Fort Myers FL Zip Code
33901

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 Betty L. Rubinski Betty L. Rubinski 9/4/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	RIVERS, SCOTT W.	
STREET ADDRESS	7149 SHANNON BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RIVERS, BROOKSY Q	
STREET ADDRESS	7149 SHANNON BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	OTTENSMANN, JAMES D.	
STREET ADDRESS	2416 N.E. 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2709 Sol y Luz Loop	
CITY-ST-ZIP	Santa Fe NM 87505	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2709 Sol y Luz Loop	
CITY-ST-ZIP	Santa Fe NM 87505	
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
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01 505-424-9100
Date Daytime Phone #

CR2E034 (5/01)