

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90403 022 ***150.00

DOCUMENT # F58810

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

Principal Place of Business
2709 SOL Y LUZ LOOP
SANTA FE NM 87505
US

Mailing Address
2709 SOL Y LUZ LOOP
SANTA FE NM 87505
US

2. Principal Place of Business
23 LaCueva Creek Rd

3. Mailing Address
HC 70 Box 525

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Glorieta NM

City & State
Glorieta NM

4. FEI Number
59-2296765

Applied For
 Not Applicable

Zip
87535

Country
Santa Fe

Zip
87535

Country
Santa Fe

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

6. Name and Address of Current Registered Agent

RUBINSKI, BETTY L
4774 SANTA DEL RAE
FORT MYERS FL 33901

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.

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	RIVERS, SCOTT W.	
STREET ADDRESS	2709 SOL Y LUZ LOOP	
CITY-ST-ZIP	SANTA FE NM 37505	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RIVERS, BROOKSY Q	
STREET ADDRESS	2709 SOL Y LUZ LOOP	
CITY-ST-ZIP	SANTA FE NM 37505	
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		
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	23 LaCueva Creek Rd
CITY-ST-ZIP	Glorieta NM 87535
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	23 LaCueva Creek Rd
CITY-ST-ZIP	Glorieta NM 87535
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: **BRADEN R. REQUER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 **505-757-3403**

Date

Daytime Phone #

CR2E034 (9/01)