## 2003 FOR PROFIT CORPORATION

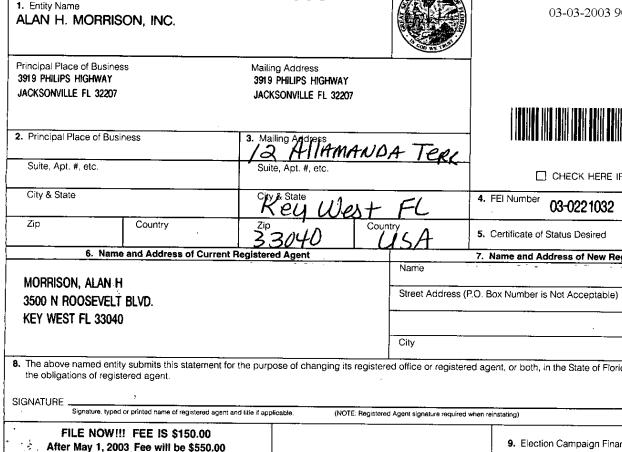
## **UNIFORM BUSINESS REPORT (UBR)**



Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90947 022 \*\*\*158.75

FILED

DOCUMENT # . Entity Name ALAN H. MORRISON,	F9700001683	
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☐ CHECK HERE IF MAKING CHANGES Applied For Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 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 DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change Addition MORRISON, ALAN H NAME 12 ALLAMANDA TERRACE STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP Delete TITLE ☐ Change Addition DURAND, JONATHAN B NAME 4415 SUMMER HAVEN BLVD S. STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP Delete TITLE ☐ Addition MORRISON, SCOT NAME 138 PINE CIRCLE STREET ADDRESS **BENNINGTON VT 05201** CITY-ST-ZIP Delete TITLE Change ☐ Addition MORRISON, ALENDA C NAME 12 ALLAMANDA TERRACE STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

12. Thereby 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 attac

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SIGNATURE:

10.

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