2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am § Secretary of State F97000005851 DOCUMENT # 1. Entity Name 05-07-2002 90251 023 ***150.00 WES MORGAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 105 JEFFERSON STREET 105 JEFFERSON STREET NEWARK OH 43055 NEWARK OH 43055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1265501 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE ☐ Addition ☐ Change MORGAN, WES NAME NAME 17222 ALICO CT RD , STE 1 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP DWG DISIT TITLE Delete TITLE Change ☐ Addition MORGAN, F.M. NAME NAME 17222 ALICO CT RD . STE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition **HUTT. GREG** NAME NAME STREET ADDRESS 105 JEFFERSON STREET STREET ADDRESS CITY-ST-ZIP **NEWARK OH 43055** CITY-ST-ZIP Delete TITLE X Change ☐ Addition Chief Financial Officer STICKDORN, DEBBIE NAME NAME Looker, Gary 105 JEFFERSON STREET STREET ADDRESS STREET ADDRESS 105 Jefferson Street CITY-ST-ZIP **NEWARK OH 43055** CITY-ST-7IP Newark OH 43055 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR

Vice president 4/18/02 740 349 2235