

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90395 045 ***158.75

DOCUMENT # G51731

1. Entity Name
ANGUS CONSTRUCTION, INC.



Principal Place of Business
**C/O JAMES A. MORRISON
6003 CHIPOLA CIRCLE
ORLANDO FL 32809**

Mailing Address
**C/O BARBARA J. MORRISON
6003 CHIPOLA CIRCLE
ORLANDO FL 32809
US**

2. Principal Place of Business
4700 S. Fern Creek Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 590612
Suite, Apt. #, etc.

City & State
Orlando, FL 32806

City & State
Orlando, FL 32859-0612

4. FEI Number **59-2320896**

Applied For
Not Applicable

Zip Country
Orlando Orange

Zip Country
Orlando Orange

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

6. Name and Address of Current Registered Agent

**MORRISON, BARBARA J.
6003 CHIPOLA CIRCLE
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name
Morrison, Barbara J.
Street Address (P.O. Box Number is Not Acceptable)
4700 S. Fern Creek Avenue
City **Orlando** FL Zip Code **32806**

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 the obligations of registered agent.

SIGNATURE *Barbara J. Morrison* **Barbara J. Morrison, President** **2/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	SP	<input type="checkbox"/> Delete
NAME	MORRISON, BARBARA J	
STREET ADDRESS	6003 CHIPOLA CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VT	<input type="checkbox"/> Delete
NAME	REXRODE, DANNY T	
STREET ADDRESS	4604 S. FERN CREEK AVE.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara J. Morrison* **Barbara J. Morrison, President** **2/7/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)