

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
 05-21-2001 90355 010 ***150.00

DOCUMENT # *G 54128*

1. Entity Name

DAVID E. MORGAN ENERGY, INC.

Principal Place of Business	Mailing Address
1 REGENCY PLAZA SUITE 106-R PROVIDENCE, R.I. 02903	1 REGENCY PLAZA SUITE 106-R PROVIDENCE, R.I. 02903

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2341363	Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, NICHOLAS
 WINTHROP HOUSE #318
 100 WORTH AVENUE
 PALM BEACH, FL 33480

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, 2001 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	MORGAN, NICHOLAS	
STREET ADDRESS	1415 MCGEE AVENUE	
CITY - ST - ZIP	BERKELEY, CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINDSAY, FERN	
STREET ADDRESS	37 SKYRIDGE ROAD	
CITY - ST - ZIP	GREENWICH, CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOLMONSON, LESLIE	
STREET ADDRESS	1016 FIFTH AVENUE	
CITY - ST - ZIP	NEW YORK, NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRAVER, MARTIN D.	
STREET ADDRESS	1330 BOYLSTON STREET	
CITY - ST - ZIP	CHESTNUT HILL, MA	
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 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	
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] **V.P.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 *(617) 566-4764*
 Date Daytime Phone #