

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90214 001 ***150.00

DOCUMENT # G63605

1. Entity Name
MORRIS FINANCIAL SERVICES, INC.

Principal Place of Business
5700 ST AUGUSTINE RKD #101
JACKSONVILLE FL 32207

Mailing Address
5700 ST AUGUSTINE RKD #101
JACKSONVILLE FL 32207

2. Principal Place of Business
933 Bayside Bluff Rd
 Suite, Apt. #, etc.

3. Mailing Address
933 Bayside Bluff Rd
 Suite, Apt. #, etc.

City & State
Switzerland, FL
Zip **32259** **Country** **USA**

City & State
Switzerland, FL
Zip **32259** **Country** **USA**

4. FEI Number **59-2363907**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

MORRIS, RICHARD R
5700 ST AUGUSTINE RD SUITE 101
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name **Morris, Richard R**
Street Address (P.O. Box Number is Not Acceptable)
933 Bayside Bluff Rd.
City **Switzerland** **FL** **Zip Code** **32259**

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 Richard R. Morris **Richard R. Morris** **4-17-02**
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MORRIS, RICHARD R.	
STREET ADDRESS	5700 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORRIS, RICHARD R	
STREET ADDRESS	5700 ST. AUGUSTINE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morris, Richard R	
STREET ADDRESS	933 Bayside Bluff Rd	
CITY-ST-ZIP	Switzerland, FL 32259	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morris, Richard R.	
STREET ADDRESS	933 Bayside Bluff Rd.	
CITY-ST-ZIP	Switzerland, FL. 32259	
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: Richard R. Morris **Richard R. Morris** **4/17/02** **904-230-0194**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)