

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69072

1. Entity Name

JAMES V. MORROW, P.A.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90066 033 ***150.00

Principal Place of Business

627 TAMiami TRAIL SO.
SUITE "T"
NOKOMIS FL 34275
US

Mailing Address

627 ALHAMBRA RD
104E
VENICE FL 34285-2561
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

909 TAMiami TRAIL SO

3. Mailing Address

627 ALHAMBRA RD

Suite, Apt. #, etc.

SUITE 240

Suite, Apt. #, etc.

APT. 104E

City & State

NOKOMIS, FL.

City & State

VENICE FL.

Zip

34275

Country

SARASOTA

Zip

34285

Country

SARASOTA

4. FEI Number

59-2570499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORROW, JAMES V.
627 ALHAMBRA ROAD
UNIT 104E
VENICE FL 34285

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MORROW, JAMES V	
STREET ADDRESS	627 ALHAMBRA RD. 104E	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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: JAMES V. MORROW *James V. Morrow* 1-8-2000 944-488-4021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)