

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-10-2003 90183 021 ***150.00

DOCUMENT # H98992

1. Entity Name
THE MORTON LAW CENTER OF TALLAHASSEE, P.A.



Principal Place of Business

**6050 N 9TH AVE
PENSACOLA FL 32504**

Mailing Address

**6050 N 9TH AVE
PENSACOLA FL 32504**

2. Principal Place of Business

2708 Apalachee Parkway

3. Mailing Address

6050 N. 9th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

PENSACOLA FL

4. FEI Number

59-2644945

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32504

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORTON, THOMAS G., JR.
2708 APALACHEE PARKWAY
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Thomas G. Morton, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

6050 N. 9th Ave

City **PENSACOLA**

FL

Zip Code **32504**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas G. Morton, JR

1/07/2003

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **MORTON, THOMAS G., JR.**
STREET ADDRESS **6050 N 9TH AVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **MORTON, THOMAS G., JR.**
STREET ADDRESS **6050 N 9TH AVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Morton, JR

Date

Daytime Phone #

850-478-3409

CR2E034 (10/02)