

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90047 035 ***150.00

0519865 AV

DOCUMENT # K39795

1. Entity Name

MORTON BROS. REALTY, INC.

Principal Place of Business

**405 E MACEWEN DR
 OSPREY FL 34229
 US**

Mailing Address

**405 EAST MACEWEN DRIVE
 OSPREY FL 34229
 US**

2. Principal Place of Business

1233 Gulfstream Ave N.

Suite, Apt. #, etc.

#604

City & State

Sarasota, FL 34236

Zip Country

3. Mailing Address

1233 Gulfstream Ave N

Suite, Apt. #, etc.

#604

City & State

Sarasota, FL 34236

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0124943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MORTON DAVID
 405 EAST MACEWEN DR
 OSPREY FL 34229**

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

1.22.02

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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORTON, DAVID	
STREET ADDRESS	405 EAST MACEWEN DR	
CITY-ST-ZIP	OSPREY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MASSEY-MORTON, JACQUELINE	
STREET ADDRESS	405 EAST MACEWEN DR	
CITY-ST-ZIP	OSPREY FL	
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	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Morton	
STREET ADDRESS	1233 Gulfstream Ave N-604	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Massey-Morton, Jacqueline	
STREET ADDRESS	1233 Gulfstream Ave N #604	
CITY-ST-ZIP	Sarasota, FL 343236	
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 recorder 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/02

CR2E034 (9/01)