

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K64497

1. Entity Name  
THE A.D. MORGAN CORPORATION

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90155 030 \*\*\*150.00

Principal Place of Business  
716 NORTH RENELLIE DRIVE  
TAMPA FL 33609  
US

Mailing Address  
716 NORTH RENELLIE DRIVE  
TAMPA FL 33609  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2933439

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ULLOM, PAUL U  
777 S. HARBOUR ISLAND BLVD.  
TAMPA FL 33602

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME DPM  
STREET ADDRESS SMITH, REBECCA J.  
CITY-ST-ZIP 933 SOUTH HIMES AVENUE  
TAMPA FL

☐ Delete

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

TITLE NAME DT  
STREET ADDRESS SMITH, JOHN G.  
CITY-ST-ZIP 61 RIVERVIEW TERRACE  
INDIALANTIC FL

☐ Delete

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

TITLE NAME D  
STREET ADDRESS BLITCH, SIM  
CITY-ST-ZIP 6109 ORIENT ROAD  
TAMPA FL

☒ Delete

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

TITLE NAME DS  
STREET ADDRESS KALAF, JOHN  
CITY-ST-ZIP 3034 RIDGE VALE CIRCLE  
VALRICO FL

☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Rebecca J. Smith, President & Director

2/6/01  
Date

(813) 832-3033  
Daytime Phone #

CR2E034 (10/00)