

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90193 012 \*\*\*150.00

10100839

<b>DOCUMENT #</b> K74785
<b>1. Entity Name</b> MORGAN ASSOCIATES OF NAPLES , INC.

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>2. Principal Place of Business</b> 557 PARKWOOD LANE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 557 PARKWOOD LANE Suite, Apt. #, etc.
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<b>City &amp; State</b> NAPLES FL	<b>City &amp; State</b> NAPLES FL
<b>Zip</b> 34103	<b>Zip</b> 34103
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 65-0185833	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> N. REX ASHLEY	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1044 CASTELLO DRIVE	
<b>STE #</b> 106	
<b>City</b> NAPLES	<b>Zip Code</b> FL 34103

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$350.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	DPS	<b>TITLE</b>	
<b>NAME</b>	RUSSELL A MORGAN , JR.	<b>NAME</b>	
<b>STREET ADDRESS</b>	557 PARKWOOD LANE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	NAPLES FL 34103	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	D	<b>TITLE</b>	
<b>NAME</b>	N. REX ASHLEY	<b>NAME</b>	
<b>STREET ADDRESS</b>	1044 CASTELLO DR # 106	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	NAPLES FL 34103	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** N. Rex Ashley **N. REX ASHLEY** **4/29/03** **239-261-7200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)