

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90068 027 \*\*\*150.00

0158834 IN

**DOCUMENT # K86694**

1. Entity Name

**MICHAEL H. MORGAN, INC.**



Principal Place of Business

**% JOHN W. SCHUMACHER, JR.  
695 TARPON BAY ROAD, SUITE 14  
SANIBEL FL 33957-3135**

Mailing Address

**14 FOREST GLEN CRES.  
TORONTO ONTARIO CANADA M4N2E-8**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0190911**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUMACHER JOHN W., JR.  
695 TARPON BAY ROAD  
SUITE 14  
SANIBEL FL**

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. 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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORGAN, MICHAEL H. 14 FOREST GLEN CRESCENT TORONTO, CANADA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**11 JULY 03**

Date

Daytime Phone #

**416-487-7223**

CR2E034 (4/03)

Attachment 80134823  
K86694

MICHAEL H MORGAN, INC  
14 FOREST GLEN CRESS  
TORONTO ONTARIO M4N2E8  
CANADA

11 JULY 2003

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1506  
TALLAHASSEE FL 32302-1506

DEAR SIRs

WE HAVE JUST RECEIVED THE ATTACHED  
NOTICE. THE CORPORATION DID NOT RECEIVE  
ANY PRIOR NOTICE THIS YEAR.

THE NOTICE HAS BEEN SIGNED AND  
A CHECK FOR \$150.00 IS ENCLOSED TO  
COVER THE FILING FEE

Yours TRULY



< M.H. MORGAN  
PRESIDENT