2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90007 028 ***150.00

DOCUMENT # K88366

1. Entity Name
MORNING STAR FINANCIAL SERVICES, P.A.

Principal Place of Business	Mailing Address
% RICHARD C CABLE 640 E OCEAN AVE SUITE 18 BOYNTON BCH FL 33435 US	% RICHARD C. CABLE 640 E OCEAN AVE SUITE 18 BOYNTON BCH FL 33435-5016 US

L000J423

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
639 East Ocean Avenue	639 East Ocean Avenue
Suite, Apt. #, etc.: 309	Suite, Apt. #, etc.: Suite 309
City & State:	City & State:
Zip: / Country:	Zip: / Country:

4. FEI Number 65-0103409 ☐ Applied For ☐ Not Applicable

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
CABLE, RICHARD C. 640 E OCEAN AVE SUITE 18 BOYNTON BEACH FL 33435	Name: Street Address (P.O. Box Number is Not Acceptable): 639 East Ocean Avenue Suite 309 City: Boynton Beach FL Zip Code: 33435

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, 2000 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 / STREET ADDRESS / CITY-ST-ZIP	PSTD CABLE, RICHARD C. 640 E OCEAN AVE, SUITE 18 BOYNTON BEACH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 639 East Ocean Avenue Suite 309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Richard Cable, President Richard Cable 1/17/00 (561) 369-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #