

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90297 050 \*\*\*\*50.00

**DOCUMENT # L00000002459**

1. Entity Name

**MORGAN ENTERPRISES, LLC**

Principal Place of Business

**2481 NE COACHMAN RD., APT #604  
 CLEARWATER FL 33765**

Mailing Address

**P.O. BOX 20531  
 TAMPA FL 33622-0531**

2. Principal Place of Business

**16 Postman Lane**

3. Mailing Address

**16 Postman Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Coast FL**

City & State

**Palm Coast FL**

Zip

**32164**

Country

**USA**

Zip

**32164**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3634767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, HOZAE**

**2481 NE COACHMAN RD., APT #604  
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name

**Hozael Morgan**

Street Address (P.O. Box Number is not Acceptable)

**16 Postman Lane**

City

**Palm Coast**

FL

Zip Code

**32164**

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

**Hozael Morgan (Executive Officer & Member)**

SECRETARY OF STATE

**4/22/02**

Signature, Title, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**I, Mr. Hozael Morgan made these  
 White-Out marks on this form to  
 correct errors I made in filling this  
 form out. Mm 4/23/02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **MORGAN, HOZAE**  
 STREET ADDRESS **2481 NE COACHMAN RD., APT #604**  
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **Hozael Morgan**  
 STREET ADDRESS **16 Postman Lane**  
 CITY-ST-ZIP **Palm Coast, FL 32164**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Hozael Morgan**

**SIGNATURE REQUIRED**

**Hozael Morgan**

**4/22/02**

**386-627-3211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)