

2001 UNIFORM BUSINESS REPORT (UBR)

0019085 AF

DOCUMENT # L00000009595

1. Entity Name

PAUL MORGAN ASSOCIATES LLC

FILED

01 APR 12 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 1073
LAKELAND FL 33802

Mailing Address

PO BOX 1073
LAKELAND FL 33802

2. Principal Place of Business

1026 S. FLORIDA AVE.

3. Mailing Address

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

Zip

33802

Country

USA

Zip

Country

4. FEL Number

59-3667309

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRIFFITH, JOHN R ESQ.

HAHN, MCCLURG, WATSON, GRIFFITH & BUSH

101 SOUTH FLORIDA AVENUE

LAKELAND FL 33802

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

MANAGER
PAUL K. MORGAN
306 KENWITH RD
LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100004036481--1
-04/20/01--01111--010
*****50.00 *****50.00

TITLE
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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

4-9-01 963-680-3239

CR2E083 (11/00)