

2001 UNIFORM BUSINESS REPORT (UBR)

0018183 AF

DOCUMENT # L00000011390

1. Entity Name
MORGAN TRANSPORT, LLC

FILED

01 MAY 23 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6707 S. ELEMETA STREET
TAMPA FL 33616

Mailing Address
6707 S. ELEMETA STREET
TAMPA FL 33616



2. Principal Place of Business
4201 La Sorrento Ct
Suite, Apt. #, etc.

3. Mailing Address
4201 La Sorrento Ct
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa FL
Zip 33611 Country Hillsborough

4. FEI Number
59-3669414
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MORGAN, DOUG
6707 S. ELEMETA STREET
TAMPA FL 33616

7. Name and Address of New Registered Agent
Name
Doug Morgan
Street Address (P.O. Box Number is Not Acceptable)
4201 La Sorrento Ct
City Tampa FL Zip Code 33611

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 OWNER NAME DOUG MORGAN STREET ADDRESS 4201 La Sorrento Ct CITY-ST-ZIP Tampa, FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Doug Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)