

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002768

1. Entity Name

MORITZ & MORTON DEVELOPERS, L.L.C.

Principal Place of Business

227 FLORIDA AVE.
GULF BREEZE FL 32561

Mailing Address

227 FLORIDA AVE.
GULF BREEZE FL 32561

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTON, ALLAN
227 FLORIDA AVE.
GULF BREEZE FL 32561

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
m GRM
Allan Morton
227 Florida Ave
Gulf Breeze FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Allan Morton (Allan Morton)

1/15/02

850-934-5266

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90019 006 ****50.00

902195



DO NOT WRITE IN THIS SPACE

0026557

CR2E083 (9/01)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Moritz & Morton Developers, L.L.C.	3 Executor, trustee, "care of" name Allan Morton
	2 Trade name of business (if different from name on line 1)	
	4a Mailing address (street address) (room, apt., or suite no.) 227 Florida Avenue	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Gulf Breeze, FL 32561	5b City, state, and ZIP code
	6 County and state where principal business is located Santa Rosa County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Allan Morton, Manager SSN 243-98-5026	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated
State Florida Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)**
-
- ☒
- Started new business (specify type) ►
- limited liability
-
- ☐
- Hired employees (Check the box and see line 12.)
-
- ☐
- Created a pension plan (specify type) ►
-
- ☐
- Banking purpose (specify purpose) ►
-
- ☐
- Changed type of organization (specify new type) ►
-
- ☐
- Purchased going business
-
- ☐
- Created a trust (specify type) ►
-
- ☐
- Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
2/21/01
11 Closing month of accounting year (see instructions)
December**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
unknown**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)
Nonagricultural 0 Agricultural 0 Household 0**14** Principal activity (see instructions) ► real estate management**15** Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ►
☐ Yes ☒ No**16** To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ► ☐ Business (wholesale) ☒ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "Yes," please complete lines 17b and 17c. ☐ Yes ☒ No**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(850) 934-5266Fax telephone number (include area code)
()Name and title (Please type or print clearly.) ►
Allan Morton, ManagerSignature ► Neil Allan Morton Date ► 2/27/01

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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