

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004018

1. Entity Name

MORGAN-BARTON HOLDINGS, L.L.C.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90200 040 ****50.00

Principal Place of Business

12422 PARK AVENUE
P.O. BOX 1819
WINDERMERE FL 34786

Mailing Address

C/O INVESTMENT TRUST, INC.
2714 REW CIRCLE, SUITE 200
OCFEE FL 34761

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

C/O Investment Trust Co.
2731 S. Maguire Rd
OCFEE, FL
34761 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585458

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VAN VLIET, JACQUELINE
12422 PARK AVENUE
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name Jacqueline Van Vliet
Street Address (P.O. Box Number is Not Acceptable) 2731 S. Maguire Rd
City OCFEE FL Zip Code 34761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

J. Van Vliet

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/19/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN VLIET, JACQUELINE 12422 PARK AVE., P.O. BOX 1819 WINDERMERE FL 34786	<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
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
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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:

J. Van Vliet
SIGNATURE REQUIRED

8/19/02

Date

407 656 2252

Daytime Phone #

0014285

CR2E083 (4/02)