

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90135 049 \*\*\*\*50.00

**DOCUMENT # L99000006203**

1. Entity Name

**MORNING MIST, LC**

Principal Place of Business

**2189 CLEVELAND STREET, SUITE 206  
CLEARWATER FL 33765**

Mailing Address

**2189 CLEVELAND STREET, SUITE 206  
CLEARWATER FL 33765**

**954602**

2. Principal Place of Business

3. Mailing Address

**1008 1/2 Drew St**

**1008 1/2 Drew St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Clearwater FL**

City & State

**Clearwater FL**

Zip

**33755**

Country

Zip

**33755**

Country

4. FEI Number

**59-3600161**

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

**MAYER, G.T.**

**2189 CLEVELAND STREET, SUITE 206  
CLEARWATER FL 33765**

Name

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

**1008 1/2 Drew St**

City

**Clearwater**

**FL**

Zip Code

**33755**

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  
**MGR  
MORTON & OXLEY, LTD  
2189 CLEVELAND STREET, SUITE 206  
CLEARWATER FL 33765** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
G.T. MAYER  
1008 1/2 Drew St  
Clearwater FL 33755** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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STREET ADDRESS  
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☐ Delete

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

TITLE  
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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:

**SIGNATURE REQUIRED**

**4/22/02**

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

Date

Daytime Phone #

CR2E083 (9/01)