

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90446 002 ***150.00

DOCUMENT # M00489

1. Entity Name

MORRITT HOMES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
401 CORBETT STREET3. Mailing Address
401 CORBETT STREETSuite, Apt. #, etc.
SUITE 450Suite, Apt. #, etc.
SUITE 450City & State
CLEARWATER, FLORIDACity & State
CLEARWATER, FLORIDAZip
33756Country
USAZip
33756Country
USA4. FEI Number
59-1273632Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
STEPHANIE S. MCKELLARStreet Address (P.O. Box Number is Not Acceptable)
401 CORBETT STREET

SUITE 450

City
CLEARWATER,

FL

Zip Code
33756

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPD,P,T,S
DAVID G. MORRITTTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)