

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90294 028 ***150.00

0512037 AV

DOCUMENT # P00000002535

1. Entity Name
RON MORROW, INC.



Principal Place of Business
**264 LAKE LINK ROAD
WINTER HAVEN FL 33884**

Mailing Address
**264 LAKE LINK ROAD
WINTER HAVEN FL 33884**

2. Principal Place of Business
510 Kumquat Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 411
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
ANNA MARIA

City & State
ANNA MARIA

4. FEI Number **59-3630504**

Applied For
☐ Not Applicable

Zip **34216** Country **MANATEE**

Zip **34216** Country **MANATEE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORROW, RONALD A
264 LAKE LINK ROAD
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name **Ronald A Morrow**
Street Address (P.O. Box Number is Not Acceptable)
510 Kumquat Dr
City **ANNA MARIA** FL **34216**

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 **Ronald A Morrow**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-27-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MORROW, RONALD A**
STREET ADDRESS **264 LAKE LINK ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **ST** ☐ Delete
NAME **MORROW, CAROL J**
STREET ADDRESS **264 LAKE LINK ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MORROW Ronald A**
STREET ADDRESS **510 Kumquat Dr**
CITY-ST-ZIP **ANNA MARIA FL 34216**

TITLE **ST** ☒ Change ☐ Addition
NAME **MORROW CAROL J**
STREET ADDRESS **510 Kumquat Dr**
CITY-ST-ZIP **ANNA MARIA FL 34216**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Ronald A Morrow**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03 863-712-7161
Date Daytime Phone #

CR2E034 (10/02)