

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-25-2002 90023 011 ***150.00

DOCUMENT # P00000003345

1. Entity Name

MORGAN CONTRACTING GROUP, INC.

Principal Place of Business

**1030 S FEDERAL HWY STE 107
 DELRAY BEACH FL 33444**

Mailing Address

**1030 S FEDERAL HWY STE 107
 DELRAY BEACH FL 33444**

80033940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

258 SE 6TH AVE.

Suite, Apt. #, etc.

SUITE 3

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

3. Mailing Address

258 SE 6TH AVE

Suite, Apt. #, etc.

SUITE 3

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

4. FEI Number

36-4345168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JAMES L

**1030 S FEDERAL HWY STE 107
 DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

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

258 SE 6TH AVE

SUITE 3

City

DELRAY BEACH

FL

Zip Code

33483

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)

2/12/02
 DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **P** ☐ Delete
 NAME **MORGAN, JOHN M**
 STREET ADDRESS **1030 S. FEDERAL HWY., #107**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 **561/330-9600**
 Date Daytime Phone #

CR2E034 (9/01)