2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am DOCUMENT # P0000003349 **Secretary of State** 1. Entity Name 03-06-2001 90290 013 ***150.00 MORGAN PROPERTIES GROUP, INC. Principal Place of Business Mailing Address 1030 S FEDERAL HWY STE 107 1030 S FEDERAL HWY STE 107 DELRAY BEACH FL 3344 33483 DELRAY BEACH FL 2047 33483 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 36-43451 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent MORGAN, JAMES L Street Address (P.O. Box Number is Not Acceptable) 1030 S FEDERAL HWY STE 107 DELRAY BEACH FL 3344 3348 3 Zip Code 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, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when relivitating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE Change Addition TITLE PRESIDENT NAME JAMES L. MORGAN STREET ADDRESS STREET ADDRESS 1030 S. FEDERAL HWY. #107 CITY-ST-7IP CITY-ST-ZIP DB-RAY BEACH, FL. <u> 33483</u> Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP __ Change ___ Addition = inne: - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the re-changed, or on an attachin

FILED