

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 91316 029 ***150.00

DOCUMENT # P00000005168

1. Entity Name
MORGAN FERGUSON, INC.

Principal Place of Business
1314 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

Mailing Address
P.O. BOX 5275
LIGHTHOUSE POINT FL 33074

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0974895

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWBRIDGE, MARK
1095 S. STATE RD. 7
HOLLYWOOD, FL 33023

Name **ROBERT PARKER**
 Street Address (P.O. Box Number is Not Acceptable)
1314 EAST LAS OLAS BLVD
 City **FT. LAUDERDALE** FL Zip Code **33301**

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 reg. stored 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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T ☐ Delete
 NAME Robert G. Parker
 STREET ADDRESS 1314 E. Las Olas Blvd.
 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE P/S/T ☐ Change ☒ Addition
 NAME Robert G. Parker
 STREET ADDRESS 1314 Las Olas Blvd.
 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Parker

01/13/01

Daytime Phone #

(954) 467-8085

CR2E034 (10/00)