

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 11, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000016346**

1. Entity Name  
**EDUARDO F. MORRELL, P.A.**

Principal Place of Business 500 SOUTH FLORIDA AVE., STE. 210  LAKELAND FL 33801	Mailing Address 500 SOUTH FLORIDA AVE., STE. 210  LAKELAND FL 33801
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2. Principal Place of Business 500 SOUTH FLORIDA AVE.	3. Mailing Address PO BOX 2786
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Suite, Apt. #, etc. SUITE 303	Suite, Apt. #, etc.
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City & State LAKELAND FL	City & State LAKELAND FL
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Zip 33801	Country US	Zip 33806	Country US
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4. FEI Number <b>59-3625188</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MORRELL EDUARDO F  
 500 SOUTH FLORIDA AVE.  
 SUITE 210  
 LAKELAND FL 33801 US

**7. Name and Address of New Registered Agent**

Name  
**MORRELL EDUARDO FP, D**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 SOUTH FLORIDA AVE.**  
 SUITE 303  
 City  
**LAKELAND FL** Zip Code  
**33801**

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 **EDUARDO F. MORRELL**

**04/11/2001**

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)

**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	
TITLE D	<input type="checkbox"/> Delete
NAME MORRELL EDUARDO F	
STREET ADDRESS 500 SOUTH FLORIDA AVE., STE. 210	
CITY-ST-ZIP LAKELAND FL 33801	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRELL EDUARDO FP, D	
STREET ADDRESS 500 SOUTH FLORIDA AVE., STE. 303	
CITY-ST-ZIP LAKELAND FL 33801	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Eduardo F. Morrell**

P, D **04/11/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)