

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 59-3625188	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

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 NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
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 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)