

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042630

1. Entity Name
GO-MORR STORES, INC.

Principal Place of Business

885 HWY 71
MARIANNA FL 32448

Mailing Address

885 HWY 71
MARIANNA FL 32448

2. Principal Place of Business
885 HWY 71 S

Suite, Apt. #, etc.

3. Mailing Address
885 HWY 71 S

Suite, Apt. #, etc.

City & State
MARIANNA FL

Zip
32448

Country
USA

City & State
MARIANNA FL

Zip
32448

Country
USA

4. FEI Number
59-3641238

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, FRANK A
4431 LAFAYETTE ST
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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** ☐ Delete
NAME **MORRIS, CHARLES**
STREET ADDRESS **RT 1 BOX 95**
CITY-ST-ZIP **CLARKSVILLE FL 32430**

TITLE **D** ☐ Delete
NAME **MORRIS, CARY E**
STREET ADDRESS **2663 INDIAN SPRGS ROAD**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☐ Delete
NAME **MORRIS, CHARLES J**
STREET ADDRESS **885 HWY 71**
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MORRIS, CHARLES C.**
STREET ADDRESS **11691 NW NEWSOME RD.**
CITY-ST-ZIP **CLARKSVILLE, FL 32430**

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

TITLE **D** ☒ Change ☐ Addition
NAME **MORRIS, CHARLES J.**
STREET ADDRESS **11667 NW NEWSOME RD.**
CITY-ST-ZIP **CLARKSVILLE, FL 32430**

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

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

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

Charles J. Morris 4/30/01

Date

(850) 762-8030

Daytime Phone #

CR2E034 (10/00)

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90050 001 ***150.00

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DO NOT WRITE IN THIS SPACE