

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91218 022 ***150.00

DOCUMENT # P000000092291

1. Entity Name

MORLAN PAINTING INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1370 N.W. Britt Rd 4

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

City & State

STUART

City & State

FLA

Zip

34994

Country

USA

Zip

Country

4. FEI Number

65-1054526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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)

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | <u>PRESIDENT</u> |
| NAME | <u>ANN MORLAN</u> |
| STREET ADDRESS | <u>1370 N.W. BRITT Rd-4</u> |
| CITY-ST-ZIP | <u>STUART, FL 34994</u> |
| TITLE | <u>VICE PRESIDENT</u> |
| NAME | <u>JAMES MORLAN</u> |
| STREET ADDRESS | <u>SAME</u> |
| CITY-ST-ZIP | <u>SAME</u> |
| TITLE | <u>OFFICER</u> |
| NAME | <u>ARON MORLAN</u> |
| STREET ADDRESS | <u>SAME</u> |
| CITY-ST-ZIP | <u>SAME</u> |
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Morlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

561-692-9635

Daytime Phone #

CR2E034B (12/01)