


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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 026 ***550.00

DOCUMENT # <i>P00000092291</i>	
1. Entity Name <i>MORLAN PAINTING INC</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1370 N.W. Britt Rd</i>	3. Mailing Address <i>1370 N.W. Britt Rd #4</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>STUART FLA</i>	City & State <i>FLA</i>	4. FEI Number <i>65-1054526</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34994</i>	Country <i>US</i>	Zip <i>34994</i>	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Ann morlan</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1370 N.W. Britt Rd</i>	
City <i>Stuart</i>	
City <i>FL</i>	Zip Code <i>34994</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE <i>PRESIDENT</i>	NAME <i>ANN MORLAN</i>	TITLE	NAME
STREET ADDRESS <i>1370 N.W. Britt Rd #4</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>STUART, FL 34994</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>V. PRES.</i>	NAME <i>JAMES MORLAN</i>	TITLE	NAME
STREET ADDRESS <i>1370 N.W. Britt Rd #4</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>STUART, FLA</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>OFFICER</i>	NAME <i>ARON MORLAN</i>	TITLE	NAME
STREET ADDRESS <i>1370 N.W. Britt Rd-4</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>STUART, FL</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann Morlan* *Ann Morlan* *5-1-03* *772-692-9635*

CR2E034B (12/02)