2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000114099 **DOCUMENT#**

1. Entity Name



FILED Mar 06, 2003 8:00 am § Secretary of State

03-06-2003 90138 015 ***150.00

R. MORGAN AUTO SALES, INC.							
Principal Place of Business 3960 U.S. 1 GRANT FL 32949		Mailing Address 3960 U.S. 1 GRANT FL 32949	3960 U.S. 1				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			118 9 1 51911 85861 8 9 118	10 (13 10 H) (0 O)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 65-1103536	<u> </u>	oplied For
Zip	Country	Zip	Countr	ry	5. Certificate of Status Desired	\$9.75	ditional
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New Registe	red Agent	
14000441	DAAFD D			Name			
MORGAN, ROGER D			Street Addres		(P.O. Box Number is Not Acceptable)		
3960 U.S. Grant Fi			-				
	- GEOTO		-	City		Zip Cod	
			1			rt	
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing	its registered	d office or registere	ed agent, or both, in the State of Florida.	I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registered	Agent signature required	when reinstating) D	ATE	
· · · · · · · · · · · · · · · · · · ·	ILE NOW!!! FEE IS \$150.00						
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE .	DPST	☐ Delete	TITLE				☐ Addition
						☐ Change	
NAME CERTET ADDRESS	MORGAN, ROGER D		NAME	ľ		<u></u> Спанде	}
STREET ADDRESS	MORGAN, ROGER D 3960 U.S. 1 GRANT EL 32040		STREET	T ADDRESS		<u></u> Спалде	}
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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 Block 11 if changed, or on an attachpreny with an address, with all other like empowered.

SIGNATURE:

321-768-6930