

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/9/2

FILED
Aug 21, 2003 8:00 am
Secretary of State

07-09-2003 90037 007 ***150.00

DOCUMENT # P01000014737

1. Entity Name
GARY T. MOREHOUSE, P.A.



Principal Place of Business
**150 VISTA LANE
NAPLES FL 34119**

Mailing Address
**150 VISTA LANE
NAPLES FL 34119**

55054669



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **593696745**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOREHOUSE, GARY T
150 VISTA LANE
NAPLES FL 34119**

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D MOREHOUSE, GARY T**
STREET ADDRESS **150 VISTA LANE**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Change ☐ Addition
NAME **8888**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED: Morehouse

07.07.03

Date

239.450.9144

Daytime Phone #

CR2E034 (4/03)

Attachment

Gary T. Morehouse PA

July 7, 2003

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL. 32302-1500

5505 Hele 9
#P01000014737

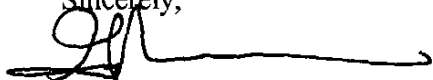
Gentlemen:

I have just received the UBR form from your department and am sorry to say that it is the only notification which I've received from you this year.

I would respectfully request your waiver of the \$400.00 late fee in light of the omission of any previous request for filing. I realize that these forms are due every year, however this has been an extremely tumultuous one and without the reminder it completely escaped my mind.

I am enclosing the annual fee of \$150.00 with the hope that you'll find that to be sufficient in light of the circumstances.

Sincerely,



Gary T. Morehouse PA
Director

2nd Copy

Cc;file

**150 Vista Lane,
Naples, Florida 34119
239.450.9144**