

# 2002 UNIFORM BUSINESS REPORT (UBR)

9/17/2002-90115-002-\$150.00-\$150.00  
 \* 9/17/2002-90115-001-\$8.75-\$8.75  
 \* 9/17/2002-90115-003-\$400.00-\$400.00

DOCUMENT # P01000020532

1. Entity Name

THE JOHN MORGAN COMPANY, INC.

Principal Place of Business

1350 NORTHWEST 173RD TERR  
 MIAMI FL 33169

Mailing Address

1350 NORTHWEST 173RD TERR  
 MIAMI FL 33169

2. Principal Place of Business

1350 NW 173 Terr

3. Mailing Address

1350 NW 173 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33169

Country

Dade

Zip

33169

Country

Dade

4. FBI Number

Fed tax # 651081656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, ELSIE J

1350 NORTHWEST 173RD TERR  
 MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Elsie Jones Ferguson

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

1350 NW 173 Terr

City

Miami

FL

Zip 33169

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, ELSIE J	
STREET ADDRESS	1350 NORTHWEST 173RD TERR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Elsie Jones Ferguson*

Elsie Jones Ferguson

8/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)