

FROM :

FAX NO. :

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-15-2002 90081 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# PO100002844			
1. Entity Name F. K. MORRIS & ASSOCIATES			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 12492 WESTHAMPTON CIR		3. Mailing Address 12492 WESTHAMPTON CIR	
Suite/Apt. #, etc.		Suite, Apt. #, etc.	
City & State WELLINGTON		City & State WELLINGTON	
Zip 33414	Country USA	Zip 33414	Country USA
4. FEI Number 65-1071936		Applied For Not Applicable	
5. Certificate of Status Filing ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name FREDERICK K MORRIS			
Street Address (P.O. Box Number is Not Acceptable) 12492 WESTHAMPTON CIR			
City WELLINGTON		FL	Zip Code 33414
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  11/5/02			
9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) ☐			
January 1 - May 1: Fee is \$100.00 After May 1, Fee is \$50.00 Amended UBR is \$61.25 Make Check Payable to Department of State			
10. Florida Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President - Frederick K. Morris 12492 Westhampton Cir Wellington FL 33414	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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DO NOT WRITE IN THIS SPACE			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is 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 empowerments.			
SIGNATURE:  11/5/02			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2004B (12/01)



FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE
 ATLANTA SERVICE CENTER
 PO BOX 47-421
 TELE-TIN UNIT STOP 751
 DORAVILLE, GA 30362

Handwritten: 34743
 # 001000028447
 [Redacted]

DATE 2-12-01 RECD _____ TIME _____

NAME

FAX NUMBER

Frederick K. Morris

561-791-3786

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR OFFICE
 PLEASE CALL US AT (678) 530-7234 OR (678) 530-7235.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION NUMBER
 FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD RECEIVE WRITTEN
 NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION NUMBER(S) WITHIN 30
 DAYS.

COMPANY NAME:

F. K. Morris & Associates

EMPLOYER IDENTIFICATION NUMBER (EIN): **65-1071836**

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

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 under applicable law. If the reader of this communication is not the intended recipient, or
 the employee or agent for delivering the communication to the intended recipient, you are
 hereby notified that any dissemination, distribution, or copying of this communication may
 be strictly prohibited. If you receive this communication in error, please notify the sender
 immediately by telephone call. Thank you.

INTERNAL REVENUE SERVICE
 ATLANTA SERVICE CENTER
 DORAVILLE, FLORIDA

02 MAY -6 AM 8:58

PROPERTY OF
 INTERNAL REVENUE SERVICE