

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059629

1. Entity Name
PAUL MORRISON, INC.

Principal Place of Business
4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228

Mailing Address
4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228

2. Principal Place of Business
13300 N. CLEVELAND AVE

3. Mailing Address
13300 N. CLEVELAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
N. FT MYERS FLORIDA

City & State
N. FT MYERS FLORIDA

Zip
33903

Country
USA

Zip

Country

4. FEI Number
65-1114360

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

MORRISON, PAUL
4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228

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 reinstating)

DATE

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

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, PAUL 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: PAUL MORRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/02
Date

239 656 0078
Daytime Phone #

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-16-2002 90093 018 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

43493

#P060059629

August 26, 2002

Please excuse the late penalty for this report. We have always paid on time previously.

We did not receive this report in time to pay when originally due.

Thank you.