

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90214 023 ***150.00

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1. Entity Name

PAUL MORRISON, INC.



Principal Place of Business
13300 N CLEVELAND AVE
NORTH FORT MYERS FL 33903
US

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

2. Principal Place of Business

3. Mailing Address

13300 N CLEVELAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
N FT. MYERS FLORIDA

4. FEI Number 65-1114360

Applied For
Not Applicable

Zip

Country

Zip
33903

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

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

FILE 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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MORRISON, PAUL
STREET ADDRESS 4134 GULF OF MEXICO DRIVE, SUITE 302
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE PD ☒ Change ☐ Addition
NAME MORRISON PAUL
STREET ADDRESS 13300 N CLEVELAND AVE
CITY-ST-ZIP N. FT. MYERS FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 5 ☐ Change ☒ Addition
NAME DONALDSON HAZEL
STREET ADDRESS 13300 N CLEVELAND AVE
CITY-ST-ZIP N FT MYERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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 DONALDSON

3/25/03

239-656-0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)