

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90160 047 ***150.00

DOCUMENT # P01000087154

1. Entity Name
JIM MORRIS, INC.

Principal Place of Business
8821 WILES ROAD SUITE #108
CORAL SPRINGS FL 33067-1850

Mailing Address
8821 WILES ROAD SUITE #108
CORAL SPRINGS FL 33067-1850

2. Principal Place of Business
9900 W. Sample Rd #321
 Suite, Apt. #, etc.
321
 City & State
Coral Springs FL
 Zip
33067 Country
USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. FEI Number
65-1137028

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

MORRIS, JIM
8821 WILES ROAD SUITE #108
CORAL SPRINGS FL 33067-1850

Name
 Street Address (P.O. Box Number is Not Acceptable)
9900 W. Sample Rd - 321
Coral Springs, FL 33065
 City
FL Zip
33065

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MORRIS, JIM	
STREET ADDRESS	8821 WILES ROAD SUITE #108	
CITY-ST-ZIP	CORAL SPRINGS FL 33067-1850	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORRIS, TYLA	
STREET ADDRESS	8821 WILES ROAD SUITE #108	
CITY-ST-ZIP	CORAL SPRINGS FL 33067-1850	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morris, Jim	
STREET ADDRESS	3180 NE 48th Ct.	
CITY-ST-ZIP	Lighthouse Pt., FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, TYLA	
STREET ADDRESS	3180 NE 48th Ct.	
CITY-ST-ZIP	Lighthouse Pt. FL 33064	
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
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: SIGNATURE REQUIRED

Date

Daytime Phone #

4-29-02 **954-757-557**

CR2E034 (9/01)