**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P01000088821 1. Entity Name JIM AND CARM MORRIS, INC. 04-22-2002 90174 006 \*\*\*150.00 Principal Place of Business Mailing Address 12135 US HWY 98 12135 US HWY 98 SEBRING FL 33870 SEBRING FL 3387 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3745806 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) Carlson Statler Accountants 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 33870-5426 8. The above named entity submits this statemen the purpose of changing its registered office or registered agent, or both, in the State of Florida. Phillip Statler NOTE: Registered Agent signature required when reinstating) SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PIT $\rho/\tau$ CR2E034 (9/01) ☐ Delete TITLE Change . ☐ Addition NAME MORRIS, JIM NAME STREET ADDRESS 12135 US HWY 98 STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP VPIS ☐ Delete TITLE Addition NAME NAME Morvis, Carmelita M STREET ADDRESS STREET ADDRESS 12 135 US HWY 98 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: