

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90196 042 ***150.00

DOCUMENT # P01000096555

1. Entity Name
MOR-POWER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 182 Industrial Loop S. **3. Mailing Address** 182 Industrial Loop S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orange Park, Fl.

City & State
Orange Park, Fl.

4. FEI Number
59-3747376

Applied For
☐ **Not Applicable**

Zip
32073

Country
Clay

Zip
32073

Country
Clay

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Davis, Lloyd R

Street Address (P.O. Box Number is Not Acceptable)

686 Branscomb Rd.

City Green Cove Springs **FL** **Zip Code** 32043

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, 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE Davis, Lloyd R.
NAME 686 Branscomb Rd.
STREET ADDRESS Green Cove Springs, Fl. 32043
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)