

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90221 040 ***150.00

DOCUMENT # P01000121241

1. Entity Name
R.L. MORRIS ENTERPRISES, INC.



Principal Place of Business
**6037 HIGHWAY 98
GULF BREEZE, FL 32561**

Mailing Address
**6037 HIGHWAY 98
GULF BREEZE, FL 32561**

2. Principal Place of Business

3. Mailing Address
P.O. Box 6479



Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Navarre, FL

4. FEI Number
02-0539798

Applied For
Not Applicable

Zip

Country

Zip
32566-2079

Country
U.S.

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

6. Name and Address of Current Registered Agent

**KILPATRICK, WILLIAM G JR.
1201 EGLIN PARKWAY
SHALIMAR, FL 32579**

7. Name and Address of New Registered Agent

Name
William G. Kilpatrick, Jr.

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

35008 Emerald Coast Pkwy., Ste. 202

City
Destin **FL** Zip Code
32541

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]

3/17/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MORRIS, ROBERT L ☐ Delete
6037 HIGHWAY 98
GULF BREEZE, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MORRIS, ROBERT L ☐ Delete
6037 HIGHWAY 98
GULF BREEZE, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
P.O. Box 6479
Navarre, FL 32566-2079

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
P.O. Box 6479
Navarre, FL 32566-2079

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

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Morris, President

3/21/03 931-433-7700

DATE

Daytime Phone #

CR2E034 (10/02)