

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90092 027 ***150.00

DOCUMENT # P02000015573

1. Entity Name
KEITH A. MORSE, DMD, P.A.



Principal Place of Business
**14731 NORTH CLEVELAND AVENUE SUITE 1
NORTH FORTY MYERS FL 33903**

Mailing Address
**14731 NORTH CLEVELAND AVENUE SUITE 1
NORTH FORTY MYERS FL 33903**



2. Principal Place of Business
14731 N. Cleveland Ave

3. Mailing Address
14731 N. Cleveland Ave

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
North Ft. Myers, FL

City & State
North Ft. Myers, FL

Zip
33903

Country

Zip
33903

Country

4. FEI Number
80-0036950

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORSE, KEITH A
14731 NORTH CLEVELAND AVENUE SUITE 1
NORTH FORTY MYERS FL 33903**

7. Name and Address of New Registered Agent

Name
James C. Stewart, Jr.
Street Address (P.O. Box Number is Not Acceptable)
**9180 Galleria Court
#700
Naples, FL 34109**

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

(NOTE: Registered Agent signature required when reinstating)

DATE
3/17/03

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
**D MORSE, KEITH A
14731 NORTH CLEVELAND AVENUE SUITE 1
NORTH FORTY MYERS FL 33903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Correct spelling of city:
North Fort Myers**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith A. Morse 3/ /03 (239) 995-2257

Date

Daytime Phone #

CR2E034 (10/02)