2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000019142 **DOCUMENT #**

1. Entity Name

MORRISSETTE PROPERTIES, INC.



Principal Place of Business 6080 FORREST HILL BLVD SUITE 108 WEST PALM BEACH FL 33415

2. Principal Place of Business

MIAMI BEACH FL 33139

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

6060 FORREST HILL BLVD SUITE 108

WEST PALM BEACH FL 33415

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90827 019 ***150.00

11000925



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3596660

Applied For Not Applicable

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200

Country

Name

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

City

Zip Code

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

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be

After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change MORRISSETTE, SCOTT R ☐ Addition NAME 6080 FORREST HILL BLVD SUITE 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP ☐ 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-7/P .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

12. Thereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP