

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020000032609

1. Entity Name

Morcom Limousine Service Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

21 4711 Pepperbush Lane

4711 Pepperbush Lane

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

23 Boynton Beach FL

27 City & State

Boynton Beach FL

Zip **County**

24 33436 **25** Palm Beach

28 **Zip** **County**

33436 Palm Beach

600024212326
10/28/03--01062--023 **150.00

4. FBI Number

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

81

82

83

84

FL

Corporate Creations Network Inc.
941 Fourth Street #200
Miami Beach, FL 33139

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

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title of 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P ☐ **DELETE**
NAME Allan R. Mourillon
STREET ADDRESS 4711 Pepperbush Lane
CITY-ST-ZIP Boynton Beach, FL 33436

1.1 TITLE ☐ **Change** ☐ **Addition**
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D, S ☐ **DELETE**
NAME Lance H. Mourillon
STREET ADDRESS 4711 Pepperbush Lane
CITY-ST-ZIP Boynton Beach, FL 33436

2.1 TITLE ☐ **Change** ☐ **Addition**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ **Change** ☐ **Addition**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ **Change** ☐ **Addition**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ **Change** ☐ **Addition**
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ **Change** ☐ **Addition**
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. I do 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 annual report or supplemental annual 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 or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

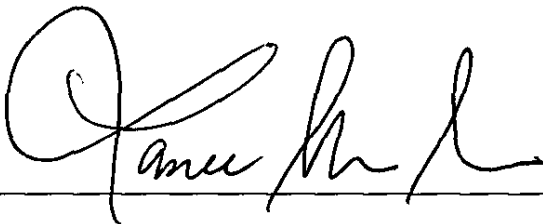
Re: Morcom Limousine Service Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____



Name: Lance A. Mourillon

Title: Director

Date: 10/14/03