

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90639 031 ***150.00

DOCUMENT # P02000036296

1. Entity Name
MORILLA ENTERPRISES, INC.



Principal Place of Business
11645 TIMBERLINE CIRCLE
FT MYERS FL 33912

Mailing Address
11645 TIMBERLINE CIRCLE
FT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

2822 Santa Barbara Blvd / same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Cape Coral Fla

4. FEI Number

Applied For

Zip

Country

Zip

Country

33914

Lee

02-0575763

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

MORILLA, LEONIDAS
11645 TIMBERLINE CIRCLE
FT MYERS FL 33912

*we are
both
agent*

Name

MORILLA, TERESA
Street Address (P.O. Box Number is Not Acceptable)
11645 Timberline Circle

City

FT MYERS

FL

Zip Code

33912

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MORILLA, LEONIDAS
11645 TIMBERLINE CIRCLE
FT MYERS FL 33912

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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☐ Delete

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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:

TERESA MORILLA

Date

Daytime Phone #

1/23/03

CR2E034 (10/02)