

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

6/2

07-28-2003 90149 022 ***400.00
06-23-2003 90060 045 ***150.00

DOCUMENT # P02000071014

1. Entity Name
MORNINGSIDE PROPERTIES OF ENGLEWOOD, INC.



Principal Place of Business
1605 MAIN STREET STE 1111
SARASOTA FL 34236

Mailing Address
1605 MAIN STREET STE 1111
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

1811 Englewood Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 220

City & State

City & State
Englewood, FL

4. FEI Number

01-0745216

Applied For

Not Applicable

Zip

Country

Zip

34223

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, R. CRAIG
LYONS BEAUDRY & HARRISON, P.A
1605 MAIN STREET STE 1111
SARASOTA FL 34236

Name

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

City

FL

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 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
D
NAME
LANGENBAHN, WERNER
STREET ADDRESS
AM BURGGRABEN 10
CITY-ST-ZIP
85049 INGOLSTADT, GERMANY

☐ Delete

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STREET ADDRESS
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/03

(941) 953-7446

Date

Daytime Phone #

CR2E034 (10/02)