## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P02000089074 **DOCUMENT #** 

1. Entity Name
MICHAEL MORGAN VENTURES INC.



Apr 28, 2003 8:00 am \$ Secretary of State 04-28-2003 90539 045 \*\*\*\* **FILED** 

WIOTALE WONDARY VERTORES, INC.											
Principal Place of Business 269 BERNARD AVENUE LONGWOOD FL 32750			Mailing A PO BOX BUSHNE								
	****				· 	<u></u>					
2. Principal Place of Business			3. Mailin	3. Mailing Address			1188	188) III 88118  1811 88111		,	
Suite, Apt. #, etc. ~			Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City &	City & State			4. FEI Number Applied For Not Applied For				
Zip Country		Country	Zip Co		Cour	ntry	5. Certificate of State		red S8.75 Additional Fee Required		
6. Name and Address of Current			nt Registered	Agent	7. Name and Address of New Registered Agent						
ADIEGE!	A LITTERA	54 1				Name		÷.,	<del></del> .		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			-			Street Address (P.O. Box Number is Not Acceptable)					
4TH FLO		;			.* .						
MIAMI FL 33145						City	FL Zip Code				
9. The above	o named oatib	y submits this statement	for the purpos	o of changing its	e rogistor	rod office or togistor	rod agent, or b	oth in the State of		<u> </u>	and accept
	ations of regist		tor are purpos	e or changing its	s register	ed dince or register	red agent, or b	ous, in the state of	riolida, raili	iai iiiiai wijii,	and accept
SIGNATURE									_		
		or printed name of registered age		ole(NO	TE. Register	ed Agent signature required	d when reinstating)		DATE		
After May 1, 2003 Fee will be \$550.00					, , , , , , , , , , , , , , , , ,		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
		Florida Department			~~	ر کار	'	rust Hund Contribu	tion. L	→ Added	) to Fees
10.	TOATO	OFFICERS AN	D DIRECTORS		11.		ADDITIONS	S/CHANGES TO O	FFICERS AND	DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MICHAEL ARD AVENUE DD FL 32750		☐ Delete						☐ Change	Addition
TITLE	1	•		☐ Delete	TITL	E		-		☐ Change	☐ Addition
NAME		N-10.	•		NAM			•			
STREET ADDRESS CITY-ST-ZIP	}					EET ADDRESS /-ST-ZIP		_			}
TITLE				Delete	TITL	Ē.				☐ Change	Addition
NAME					NAN						•
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TITLE	<del> </del>			Delete	TITL		·			☐ Change	☐ Addition
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STREET ADDRESS		•			1	EET ADORESS					
CITY-ST-ZIP					CITY	/-ST-ZIP					
TITLE				☐ Delete	TITL					☐ Change	☐ Addition
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CITY-ST-ZIP						/-ST-ZIP	٠.	.•			
TITLE				☐ Delete	TITL	E	.,			☐ Change	Addition
NAME	1				- NAM	1E	•				

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP