

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90011 002 \*\*\*150.00

**DOCUMENT # P02000122382**

1. Entity Name  
**MORRIS TILE COMPANY**



Principal Place of Business  
**1796 SLEEPY HOLLOW LANE  
CHIPLEY FL 32428**

Mailing Address  
**1796 SLEEPY HOLLOW LANE  
CHIPLEY FL 32428**

2. Principal Place of Business  
**1491 SOUTH BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P O BOX 574**  
Suite, Apt. #, etc.

City & State  
**CHIPLEY FLORIDA**

City & State  
**CHIPLEY FLORIDA**

4. FEI Number  
**74-3069140**

Applied For  
Not Applicable

Zip Country  
**32428 WASHINGTON**

Zip Country  
**32428 WASHINGTON**

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

**MORRIS, KAREN  
1796 SLEEPY HOLLOW LANE  
CHIPLEY FL 32428**

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 Karen Morris **KAREN MORRIS**

**1-4-03**

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  
**P  
MORRIS, KAREN  
1796 SLEEPY HOLLOW LANE  
CHIPLEY FL 32428** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MORRIS, DAVID  
1796 SLEEPY HOLLOW LANE  
CHIPLEY FL 32428** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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STREET ADDRESS  
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: KAREN MORRIS **KAREN MORRIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-03** **850 638 7128**  
Date Daytime Phone #

CR2E034 (10/02)