

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030037

1. Entity Name
MORTON WOODWORKERS, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90152 018 ***150.00

Principal Place of Business
227 FLORIDA AVE
GULF BREEZE FL 32561
US

Mailing Address
227 FLORIDA AVE
GULF BREEZE FL 32561
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3179528

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORTON, SHAY C
227 FLORIDA AVENUE
GULF BREEZE FL 32564

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.

SIGNATURE *Shay C Morton*
Signature, typed or printed name of registered agent and title if 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, 2001 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	<input type="checkbox"/> Delete
NAME	MORTON, N A	
STREET ADDRESS	227 FLORIDA AVENUE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORTON, SHAY C	
STREET ADDRESS	227 FLORIDA AVENUE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shay C Morton* SHAY C MORTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/01 850 934-5266
Date Daytime Phone #

CR2E034 (10/00)