

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000052876**

1. Entity Name

WILLIAM MORRIS CONSTRUCTION, INC.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90013 048 ***150.00

Principal Place of Business

**440 FRANKSTON HWY
JACKSONVILLE TX 75766**

Mailing Address

**P.O. BOX 1959
JACKSONVILLE TX 75766
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2494904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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

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, 2002 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

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
MORRIS, WILLIAM F
% 440 FRANKSTON HWY
JACKSONVILLE TX 75766**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
MORRIS, ELIZABETH F
% 440 FRANKSTON HWY
JACKSONVILLE TX 75766**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
MOT, CORNEL
% 440 FRANKSTON HWY
JACKSONVILLE TX 75766**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**STD
MOT, JANIS
% 440 FRANKSTON HWY
JACKSONVILLE TX 75766**

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☐ Change ☐ Addition

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:

Janis Mot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2002

Date

9035861173

Daytime Phone #

CR2E034 (9/01)