

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009378

1. Entity Name

MORRISON BUILDERS, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90070 027 ***150.00

Principal Place of Business

4607 SW 44TH AVE
FT LAUDERDALE FL 33314-740
US

Mailing Address

4607 SW 44TH AVE
FT LAUDERDALE FL 33312-6702
US

2. Principal Place of Business

2765 S.W. 36 ST

Suite, Apt. #, etc.

3. Mailing Address

2765 S.W. 36 ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DANIA BEACH, FL

City & State

DANIA BEACH, FL

4. FEI Number

65-0471833

Applied For

Not Applicable

Zip

Country

33312

US

Zip

Country

33312

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, MICHAEL
4607 SW 44TH AVE
FT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name MORRISON, MICHAEL

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

2765 S.W. 36 ST.

City

DANIA BEACH

FL

Zip Code

33312

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRISON, MICHAEL	
STREET ADDRESS	4607 SW 44TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 40	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORRISON, LORRAINE S	
STREET ADDRESS	4607 SW 44TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2765 S.W. 36 ST.	
CITY-ST-ZIP	DANIA BEACH, FL 33312	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2765 S.W. 36 ST.	
CITY-ST-ZIP	DANIA BEACH, FL 33312	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPHINE REIDINGER	
STREET ADDRESS	2765 S.W. 36 ST.	
CITY-ST-ZIP	DANIA BEACH, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 (954) 583-8500
Date Daytime Phone #

CR2E034 (9/99)