2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000067541 **DOCUMENT #**

1. Entity Name

IOAN GREENE MORTON DA



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90192 046 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	JOAN G	REENE MORTON, P.A.			
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City & State City & State City & State City & State A. FEI Number 59-3269988 Applied For Not Applie	2. Principal Place of Business		3. Mailing Address		
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E. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent Name Name Name Street Address (R.O. Box Number is Not Acceptable) City City City FL Zip Code City Spanner The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and soccept the obligations of registe	City & State		City & State		59-3260908
Name and Address of Current Registered Agent Name Na	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
MORTON, MARGRUEITE J 1901 HICKORY LN ATLANTIC BEACH FL 32233 6. 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. It am hamiliar with, and accept the chilgastions of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MORTON, MARGRUEITE J 1901 HICKORY LN ATLANTIC BEACH FL 32233 OTY-51-2P TITLE MORTON, MARGRUEITE J 1901 HICKORY LN ATLANTIC BEACH FL 32233 OTY-51-2P TITLE MORTON, MARGRUEITE J 1901 HICKORY LN ATLANTIC BEACH FL 32233 OTY-51-2P TITLE MORTON, MARGRUEITE J 1901 HICKORY LN AMAE SIREET ADDRESS OTY-51-2P TITLE MORE MORE MORE SIREET ADDRESS OTY-51-2P TITLE MORE OTY-51-2P TITLE MORE MORE MORE MORE SIREET ADDRESS OTY-51-2P TITLE MORE MORE SIREET ADDRESS OTY-51-2P TITLE MORE MORE MORE SIREET ADDRESS OTY-51-2P TITLE MORE MORE MORE MORE MORE MORE MORE MOR		6. Name and Address of Current	Registered Agent		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature File NoW!! FEE IS \$150.00	ATLANTIC	C BEACH FL 32233			
SIGNATURE Signature Signa				City	FL Zip Code
SIGNATURE Signature, hybrid or primed name of regulated agent and sile if applicable. (NOTE Regulated Agent signature required when remaiding) DATE	8. The above	e named entity submits this statement fo	r the purpose of changing	its registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	. Ind obligati	tons or registered agent.			
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		ertify that the information expedied with	his filing does not awalf it		0 1 10 07(0)() 5

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 attandment with an address, with all other like empowered.

SIGNATURE: