

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91037 044 ***150.00

DOCUMENT # P94000082136

1. Entity Name
MORGAN LAUR REINMAN, P.A.



Principal Place of Business
**335 S PLUMOSA ST
STE D
MERRITT ISLAND FL 32952
US**

Mailing Address
**335 S PLUMOSA ST
STE D
MERRITT ISLAND FL 32952
US**

2. Principal Place of Business
230 S. Courtenay Pkwy.
Suite, Apt. #, etc.

3. Mailing Address
230 S. Courtenay Pkwy.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Merritt Island, FL

City & State
Merritt Island, FL

4. FEI Number **59-3282697**

Applied For
Not Applicable

Zip **32952** Country **US**

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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REINMAN, MORGAN L
335 S PLUMOSA ST
STE D
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name **Reinman, Morgan L.**
Street Address (P.O. Box Number is Not Acceptable)
230 S. Courtenay Pkwy.
City **Merritt Island** **FL** Zip Code **32952**

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 **Morgan L. Reinman** **Morgan L. Reinman, President** **3/31/03**
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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REINMAN, MORGAN L 335 S PLUMOSA ST, STE D MERRITT ISLAND FL 32952 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Reinman, Morgan L. <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Reinman, Morgan L. 230 S. Courtenay Pkwy. Merritt Island, FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Morgan L. Reinman** **Morgan L. Reinman** **3/31/03** **321-459-2994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)