## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2000 8:00 am Secretary of State DOCUMENT # P95000007026 1. Entity Name MORGAN CONSTRUCTORS OF TAMPA BAY, INC. 04-10-2000 90164 001 \*\*\*150.00 Mailing Address Principal Place of Business 13108 N FLORIDA AVE 13108 N FLORIDA AVE TAMPA FL 33612-3474 **TAMPA FL 33612** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3290457 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORGAN, DALE Street Address (P.O. Box Number is Not Acceptable) 13108 N FLORIDA AVE **TAMPA FL 33612** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) - FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE MORGAN, HAROLD D NAME . NAME STREET ADDRESS 28424 OPENFIELD LOOP STREET ADDRESS CITY-ST-7IP WESLEY CHAPEL FL 33543-5757 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE MORGAN, MARY JEAN NAME NAME 28424 OPENFIELD LOOP STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIF WESLEY CHAPEL FL 33543-5757 \_\_ Change = \_ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 it changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

PROID D. MORGAN 4/5/00