

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90125 039 ***150.00

0361888

DOCUMENT # P95000010276
Entity Name
RAYMOND D. MORRIS, INC.

Principal Place of Business
**8257 SOUTH US1
PORT ST. LUCIE FL 34952
US**

Mailing Address
**6024 INDRI0 RD
UNIT L6
FORT PIERCE FL 34951
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6024 INDRI0 RD.

Suite, Apt. #, etc.
L-6

City & State
FT. PIERCE, FL

Zip
34951

Country
ST LUCIE

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0552554**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MORRIS, RAYMOND D
8257 SOUTH US 1
PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6024 INDRI0 RD. #L-6
City **FORT PIERCE** FL Zip Code **34951**

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 *Raymond D. Morris* **RAYMOND D. MORRIS** **2-20-01**
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, 2001 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	PST MORRIS, RAYMOND D 6024 INDRI0 ROAD UNIT L-6 FORT PIERCE FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Raymond D. Morris* **RAYMOND D. MORRIS** **2-20-01** **561-465-4301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)