

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90391 002 ***150.00

DOCUMENT # P950000 11326

1. Entity Name

Mary + Paul MORRISSEAU inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9550 So. Ocean Dr

Suite, Apt. #, etc.
910

City & State
Jensen Beach, FL

Zip
34957

Country
US

3. Mailing Address

9550 So. Ocean Dr

Suite, Apt. #, etc.
910

City & State
Jensen Beach, FL

Zip
34957

Country
US

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4. FEI Number

65 0554811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MORRISSEAU, PAUL

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

9550 So. Ocean Dr

Suite 910

City Jensen Beach

FL

Zip Code
34957

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME D MORRISSEAU PAUL
STREET ADDRESS 9550 So Ocean Dr #910
CITY-ST-ZIP Jensen Beach FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D MORRISSEAU, MARY
STREET ADDRESS 9550 So Ocean Dr #910
CITY-ST-ZIP Jensen Beach, FL 34957

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

Paul Morriseau

PAUL MORRISSEAU

6/3/02 229 4046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)