2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
03-24-2002 90083 027 ***150.00

DOCUMENT # P95000039037

1. Entity Name
MORPHOGENESIS, INC.

Principal Place of Business	Mailing Address
1117 HERON RD KEY LARGO FL 33037 US	1117 HERON RD KEY LARGO FL 33037 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
724 3rd Street	724 3rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chipley, FL	City & State: Chipley, FL
Zip: 32428 Country: US	Zip: 32428 Country: US

4. FEI Number 59-3359711 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWMAN, MICHAEL J.P. 1117 HERON ROAD KEY LARGO FL 33027	Name Street Address (P.O. Box Number is Not Acceptable) 724 3rd Street City Chipley FL Zip Code 32428

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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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	PC LAWMAN, MICHAEL J.P. 1117 HERON RD KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 724 3rd Street Chipley, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM LAWMAN, PATRICIA D. 1117 HERON RD KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 724 3rd Street Chipley, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Patricia D. Lawman 3/05/02 (850) 638-1592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)