

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088533

1. Entity Name
MICHAEL MORRIS ASSOCIATES INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90275 033 ***150.00

Principal Place of Business
146 SW 53RD ST
CAPE CORAL FL 33914
5620 S.W. 11TH AVE.,
CAPE CORAL FL. 33914

Mailing Address
~~146 SW 53RD ST~~
~~CAPE CORAL FL 33914~~
5620 S.W. 11TH AVE.,
CAPE CORAL FL. 33914

011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5620 S.W. 11TH AVE. Etc.

3. Mailing Address
5620 S.W.

Suite, Apt. #, etc.
CAPE CORAL.

Suite, Apt. #, etc.
CAPE CORAL

City & State
FLORIDA

City & State
FLORIDA

4. FEI Number 54-1780008

Applied For
Not Applicable

Zip 33914 Country U.S.A

Zip 33914 Country U.S.A

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

MORRIS, MICHAEL R
~~146 SW 53RD ST~~ 5620 S.W. 11TH AVE
CAPE CORAL FL 33914

Name

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

City FL Zip Code

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 M. R. Morris Jan 21, 2001

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	P MICHAEL R. MORRIS 146 S.W. 53RD STREET CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRENE MORRIS 146 S.W. 53RD STREET CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ILDIKO J. MORRIS 15 BATTERY STREET, APT. 10 BOSTON MA	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5620 S.W. 11TH AVE.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5620 S.W. 11TH AVE.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85, CLIFTON AVE., #2 CAMBRIDGE MA 02140
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

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: M. R. Morris MICHAEL R. MORRIS Jan 21, 2001 941 542-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)