## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600050447 MOR-LITE OF NORTH AMERICA, INC. Principal Place of Business Mailing Address 3904 AIRPORT RD 3904 AIRPORT RD PLANT CITY FL 33567-1107 **CITY FL 33567** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3384771

## **FILED** May 09, 2000 8:00 am Secretary of State

05-09-2000 90038 009 \*\*\*150.00

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

Zìp		Country	Zip	Country	5. (	Certificate of Status Desired		<b>8.75</b> Add ee Require	
<u> </u>	6. Name an	d Address of Current	Registered Agent		7. N	Name and Address of New Re	gistered Ag	ent	
				Name		-:			
ALVAREZ, JOSE' A 3904 AIRPORT RD					Street Address (P.O. Box Number is Not Acceptable)				
PLAN	IT CITY FL 33	567		City		<u></u> .,	FL	Zip Code	<del></del>
. The above	named entity so	ubmits this statement fo	r the purpose of changing its	registered office or reg	istered ag	ent, or both, in the State of Flor	ida.		
SIGNATURE _	Signature, typed or p	rinted name of registered agent	and title if applicable (NOT	E: Registered Agent signature re	quired when re	sinstating)	DATE		
3. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)			After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
11.		OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	CERS AND C	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ALVAREZ, JO 503 BARNES BRANDON F	S DRIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			]	Change	☐ Addition
ITTLE NAME STREET ADORESS CITY-ST-ZIP	CD DANIEL, PEI 575 ESPLAN		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	Change	☐ Addition
ITLE IAME TREET ADDRESS	SDALVAREZ, S 503 BARNES BRANDON F	TEVEN M S DR	Delete	NAME STREET ADDRESS CITY-ST-ZIP				Сһапде	Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP	VP ALVAREZ, K 503 BARNES BRANDON F	EVIN J S DR	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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TITLE IAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			☐ Change	☐ Addition

changed, or on an attachment will

SIGNATURE: