## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000061126

Mailing Address

400 BOXWOOD CIRCLE

1. Entity Name

Principal Place of Business

400 BOXWOOD CIRCLE

MORRISON DIVERSIFIED ENTERPRISES, INC.



May 07, 2003 8:00 am \$ Secretary of State 05-07-2003 90149 001 \*\*\*150.00

WINTER SPRINGS FL 32708		WINT	WINTER SPRINGS FL 32708						
2. Principal Place of Business			3. Mai	3. Mailing Address				10]  0   4  0     4  0     3  0  0	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City	City & State		4.	FEI Number <b>59-3387056</b>		pplied For ot Applicable
Zip	Country Zip			Zip Country 5.		5. Certificate of Status Desired Sa.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					·	7. Name and Address of New Registered Agent			
					Name				
MORRISON, CAROL B						<u> </u>			
400 BOXWOOD CIRCLE					Street A	Street Address (P.O. Box Number is Not Acceptable)			
			1			<del></del>			
WINTER S	PRINGS FL	32/08							
					City			FL Zip Cod	e
	named entity ons of registe		t for the purp	ose of changing its r	egistered office o	r registered a	gent, or both, in the State of Florida. I	am familiar with,	and accept
SIGNATURE .	Signature, typed o	or printed name of registered ag	ent and title if app	licable. (NOTE:	Registered Agent signal	ture required when	reinstating) D/	ATE	<del></del>
			-						
		FEE IS \$150.00					9. Election Campaign Financing	\$5.0	<b>0</b> May Be
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					Trust Fund Contribution.		to Fees		
10.		OFFICERS AN	ND DIRECTO	RS	11.	AI	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	S			☐ Delete	TITLE			Change	Addition
NAME		N, CAROL B			NAME				)
	400 BOXW				STREET ADDRESS				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DUNDO PECAROL MORRISON

407-695-0755

Altachment # May 5, 2003 206/126 400 Boxwood Circle Filinge Winter Spring IL Division of Corporations Uniform Blowers Report Filing P. V. Box 1500 Illuhosee, IL 32302-1500 To Whom It May Concern: Dan witing this letter to be exempt from the late pling fle of 400.00. We have a small business and work out of our home. We care for both our elderly mothers. One is get years old and very frail and sickly. The other Ans algheimers disease and required constant care. Thus my personal life has affected my professional life. O completely forget to mail this with so much on my mird. I colled your office this morning and was told to return the form acrap. Please take my problem into consideration and not charge me the late filmy fee. Shal you. Sincerely,

Coul Marion