

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067919

1. Entity Name

MORRIS/SWITZER & ASSOCIATES, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90448 021 ***158.75

C0042776



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 185 TALCOTT RD STE 100 WILLISTON VT 05495 | 185 TALCOTT RD STE 100 WILLISTON VT 05495 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | | |
|----------------------------------|--|----------------|
| 4. FEI Number | 03-0342603 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LEWIS, HOWARTH L
LEWIS & ASSOCIATES
225 SOUTHERN BLVD.
WEST PALM BEACH FL 33405-2737

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | MORRIS, DAN | |
| STREET ADDRESS | 349 S. PASTURE RD | |
| CITY-ST-ZIP | SHELBURNE VT 05482 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | SWITZER, JERRY | |
| STREET ADDRESS | 274 S. PASTURE RD | |
| CITY-ST-ZIP | SHELBURNE VT 05482 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MACKENZIE, STEPHEN P | |
| STREET ADDRESS | 147 WILD ROSE CIRCLE | |
| CITY-ST-ZIP | SHELBURNE VT 05482 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: W. Switzer 802-878-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)