

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-01-2001 90001 022 ***150.00

DOCUMENT # P97000007411

1. Entity Name
MORGAN BUILDING CORP.

Principal Place of Business
3131 SW MARTIN DOWNS BLVD.
#303
PALM CITY FL 34990

Mailing Address
3131 SW MARTIN DOWNS BLVD.
#303
PALM CITY FL 34990

2. Principal Place of Business
8036 SE Double Tree DR
Apt. #, etc.

3. Mailing Address
Suite 303

City & State
Palm Beach
Zip
33455

City & State
Palm Beach
Zip
33455



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0724147

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Mark Morgan
8036 SE Double Tree DR
Palm Beach FL 33455

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 *Mark S. Morgan*
Signature, typed or printed name of registered agent and title if applicable.

Mark Morgan - Pres 1-23-01
(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORGAN, MARK S 3131 SW MARTIN DOWNS BLVD. #303 PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, MARJORIE 3131 SW MARTIN DOWNS BLVD. #303 PALM CITY FL 34990	<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 type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Morgan 8036 SE Double Tree DR Palm Beach FL 33455	<input checked="" 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
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 an other like empowered.

SIGNATURE: *Mark S. Morgan*
Signature and typed or printed name of signing officer or director

1-23-01 561-223-9772
Date Daytime Phone

CR2E034 (10/00)