

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90046 019 \*\*\*150.00

**DOCUMENT # P97000007411**

**1. Entity Name**  
**MORGAN BUILDING CORP.**

**Principal Place of Business**

**8036 SE DOUBLE TREE DR  
 HOBE SOUND FL 33455**

**Mailing Address**

**8036 SE DOUBLE TREE DR  
 HOBE SOUND FL 33455**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** **8409 SE Double Tree DR**  
**3. Mailing Address** **8409 SE Double Tree DR**

Suite, Apt. #, etc.

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**City & State** **Hobe Sound FL**

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**4. FEI Number** **65-0724147**

**Applied For**  
☐ **Not Applicable**

**Zip** **33455** **Country**

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

**6. Name and Address of Current Registered Agent**

**MORGAN, MARK**  
**8036 SE DOUBLE TREE DR**  
**HOBE SOUND FL 33455**

**7. Name and Address of New Registered Agent**

**Name** **MARK MORGAN**  
**Street Address (P.O. Box Numbers Not Acceptable)** **8409 SE Double Tree DR**  
**City** **Hobe Sound** **FL** **Zip Code** **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 Morgan* **MARK MORGAN**

**2-17-02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MORGAN, MARK S</b>	
<b>STREET ADDRESS</b>	<b>8036 SE DOUBLE TREE DR</b>	
<b>CITY-ST-ZIP</b>	<b>HOBE SOUND FL 33455</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MORGAN, MARJORIE</b>	
<b>STREET ADDRESS</b>	<b>3131 SW MARTIN DOWNS BLVD. #303</b>	
<b>CITY-ST-ZIP</b>	<b>PALM CITY FL 34990</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MORGAN, MARK S</b>	
<b>STREET ADDRESS</b>	<b>8409 SE Double Tree DR</b>	
<b>CITY-ST-ZIP</b>	<b>Hobe Sound FL 33455</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 or other like empowered.**

**SIGNATURE:** *Mark Morgan* **REQUIRED**

**2-17-02**

**561-223-9772**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)