

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90334 050 ***150.00

DOCUMENT # P97000014608

1. Entity Name

THE LAW OFFICE OF DEAN MORPHONIOS, P.A.

Principal Place of Business

**610 NORTH DUVAL STREET
TALLAHASSEE FL 32301**

Mailing Address

**610 NORTH DUVAL STREET
TALLAHASSEE FL 32301**

2. Principal Place of Business

1921 Capital Circle, N.E.

3. Mailing Address

1921 Capital Circle NE

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32308

Country

Levn

Zip

32308

Country

Levn



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3430370

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORPHONIOS, DEAN
610 NORTH DUVAL STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

1921 Capital Circle, N.E.

Suite B

Tallahassee

FL

Zip Code

32308

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

Signature, typed or printed name of registered agent and title if applicable

(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, 2002 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 **PST** ☐ Delete
NAME **MORPHONIOS, DEAN**
STREET ADDRESS **610 NORTH DUVAL STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **1921 Capital Circle NE**
STREET ADDRESS **Suite B**
CITY-ST-ZIP **Tallahassee FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02

Date

(850) 244-8916

Daytime Phone #

CR2E034 (9/01)