

**2001 UNIFORM BUSINESS REPORT (UBR)**

05-04-2001 90167 003 \*\*\*150.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 31 PM 4:59

C0060447

DOCUMENT # **P97000019757** ✓

1. Entity Name

**A. T. Morgan Business Services Inc.**

Principal Place of Business: **3282 Collee CT. Naples, FL 34112**  
Mailing Address: **3282 Collee CT. Naples, FL 34112**

2. Principal Place of Business: **NAPLES, FL**  
3. Mailing Address: **3282 Collee CT. Naples, FL 34112**

City & State: **NAPLES, FL**  
Zip: **34112**  
Country: **USA**

4. FEI Number: **39-3430723**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FRANCES MORGAN**  
**3282 Collee CT.**  
**NAPLES, FL 34112**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**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: <b>Pres.</b> NAME: <b>Robert T. Morgan</b> STREET ADDRESS: <b>3282 Collee CT</b> CITY-ST-ZIP: <b>NAPLES, FL 34112</b>	<input type="checkbox"/> Delete
TITLE: <b>Vice President</b> NAME: <b>FRANCES MORGAN</b> STREET ADDRESS: <b>3282 Collee CT</b> CITY-ST-ZIP: <b>NAPLES, FL 34112</b>	<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: _____	<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
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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

*FR 6/14*

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: **Rob Morgan** DATE: **4-23-2001** DAYTIME PHONE: **941-793-4087**

CR2E034 (11/00)

5/10