

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90518 042 ***150.00

DOCUMENT # P97000023860

1. Entity Name

MORRIS ENTERPRISES, INC. OF SOUTHWEST FLORIDA

Principal Place of Business

4500 SW 5TH PLACE 1228 Shelby Pkwy
12670 NEW BRITTANY BLVD
FORT MYERS FL 33907
US

Mailing Address

C/O ROBERT D. ROYSTON, JR.
12670 NEW BRITTANY BLVD
FORT MYERS FL 33907

2. Principal Place of Business

1228 Shelby Parkway

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

4. FEI Number

65-0738949

Applied For

Not Applicable

Zip

33904

Country

US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD
FORT MYERS FL 33907

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **MORRIS, JON W**
STREET ADDRESS **4500 SW 5TH PL 1228 SHELBY PKWY.**
CITY-ST-ZIP **CAPE CORAL FL 33904**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1228 Shelby Parkway**
CITY-ST-ZIP **Cape Coral, FL 33904**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ 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, without other like empowered.

SIGNATURE: **Jon W. Morris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JON W. MORRIS, PRES. 1/17/01 941/283-4747

CR2E034 (10/00)