

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90138 048 ***150.00

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DOCUMENT # P97000033912

1. Entity Name
P. MORGAN, INC.



Principal Place of Business
5651 MONTE ROSSO ROAD
SARASOTA FL 34243

Mailing Address
5651 MONTE ROSSO ROAD
SARASOTA FL 34243



2. Principal Place of Business

808 PENNSYLVANIA WAY
Suite, Apt. #, etc.

3. Mailing Address

808 PENNSYLVANIA WAY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34243

Country

MANATEE

Zip

34243

Country

MANATEE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSWALD, KIM
5651 MONTE ROSSO ROAD
SARASOTA FL 34243

NEW ADDRESS

7. Name and Address of New Registered Agent

Name

OSWALD, Kim

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

808 PENNSYLVANIA WAY

City

SARASOTA, FL

Zip Code

34243

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	OSWALD, KIM	
STREET ADDRESS	5651 MONTE ROSSO ROAD	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	OSWALD, DOROTHY	
STREET ADDRESS	5651 MONTE ROSSO ROAD	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALD, KIM	
STREET ADDRESS	808 PENNSYLVANIA WAY	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALD, DOROTHY	
STREET ADDRESS	808 PENNSYLVANIA WAY	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kim K. Oswald Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

941752-5803

Date

Daytime Phone #

CR2E034 (10/02)