

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056461

1. Entity Name

A & E MORRELL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90195 004 ***150.00

Principal Place of Business

Mailing Address

1323 PIERCE ST., #301
CLEARWATER FL 34615

1323 PIERCE ST., #301
CLEARWATER FL 33755-5726

2. Principal Place of Business

501 HOBART AVE

3. Mailing Address

501 HOBART AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3451636

Applied For

Not Applicable

Zip 33755

Country USA

Zip 33755

Country USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRELL, ERIC J
1323 PIERCE STREET
SUITE 301
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name ERIC J MORRELL

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

City CLEARWATER FL Zip Code 33755

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, 2000 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 D
NAME MORRELL, ERIC
STREET ADDRESS 1323 PIERCE ST., #301
CITY-ST-ZIP CLEARWATER FL 34615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ERIC MORRELL (P.O.S.) ☒ Change ☐ Addition
NAME
STREET ADDRESS 501 HOBART AVE
CITY-ST-ZIP CLEARWATER FL 33755

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 April 2000

Date

727 447 7053

Daytime Phone #

CR29034 10/00