

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90901 048 ***150.00

DOCUMENT # P97000058064

1. Entity Name
MORGAN REYNOLDS, INC.

Principal Place of Business

**9303 9TH AVE NW
 BRADENTON FL 34209**

Mailing Address

**PO BOX 15013
 BRADENTON FL 34208-5013**

2. Principal Place of Business

CUTBRAWN FARM

3. Mailing Address

P.O. BOX 15013

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOSTWITHIEL

City & State

BRADENTON

4. FEL Number

65-0769766

Applied For

Not Applicable

Zip

Country

FL 22011

ENGLAND

Zip

Country

FL 34280 5013 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STATHIS, STAM

1301 SIXTH AVENUE W, SUITE 600

BRADENTON FL 34205

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

MRS. J. DAVIDGE (RESIDENT)

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 **VP** ☐ Delete
 NAME **DAVIDGE, BRIAN M**
 STREET ADDRESS **9303 9TH AVE NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **P** ☐ Delete
 NAME **DAVIDGE, JUNE**
 STREET ADDRESS **9303 9TH AVE NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **VP** ☒ Delete
 NAME **BAMSEY, MARK & ELIZABE**
 STREET ADDRESS **9303 9TH AVE NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **VP** ☒ Delete
 NAME **DAVIDGE, ROSS & AMANDA**
 STREET ADDRESS **9303 9TH AVE NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **VP** ☒ Delete
 NAME **DAVIDGE, MATTHEW**
 STREET ADDRESS **9303 9TH AVE NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **(VP) DAVIDGE BRIAN M** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **CUTBRAWN FARM.**
 CITY-ST-ZIP **LOSTWITHIEL, FL 22011 ENGLAND**

TITLE **DAVIDGE JUNE (P)** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **CUTBRAWN FARM.**
 CITY-ST-ZIP **LOSTWITHIEL, FL 22011 ENGLAND**

TITLE **No LONGER IN OFFICE** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **No LONGER IN OFFICE** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **No LONGER IN OFFICE** ☒ 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:

(MRS. J. DAVIDGE)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/02

CR2E034 (9/01)