2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 20, 2000 8:00 am Secretary of State DOCUMENT # **P97000067420** 1. Entity Name E. P. MORGAN, INC. 02-20-2000 90010 007 \*\*\*150.00 Principal Place of Busings Mailing Address 9741 PALMETTO CLUB LANE WEST 9741 PALMETTO CLUB LANE WEST MIAMI FL 3315 MIAMI FL 33326-3611 80015694 m & LLia Ciecle Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 58-2343022 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, EMMETT-P-Street Address (P.O. Box Number is Not Acceptable) 9741 PAIMETTO CLUBILANE WEST Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DPS TITLE ☐ Addition TITLE ☐ Delete MORGAN, EMMETT P NAME NAME STREET ADDRESS 9741 PALMETTO CLUB-LANE WEST STREET ADDRESS CITY-ST-ZIP MIAM! FL 33157 CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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 indicatéd on this report or curate and that my signature shall have the l effect as if made under oath; that I a of the corporation or the SIGNATURE