

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90108 022 ***150.00

0338765 AV

DOCUMENT # P97000067420

1. Entity Name

E. P. MORGAN, INC.

Principal Place of Business

**1312 CAMELLIA CIRCLE
 WESTON FL 33376**

Mailing Address

**1312 CAMELLIA CIRCLE
 WESTON FL 33376**

2. Principal Place of Business

**1406 MEADOWS BLVD.
 Suite, Apt. #, etc.**

3. Mailing Address

**1406 MEADOWS BLVD.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
WESTON FL

City & State
WESTON FL

4. FEI Number
58-2343022

Applied For
☒ Not Applicable

Zip Country
33327 U.S.A.

Zip Country
33327 U.S.A.

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

6. Name and Address of Current Registered Agent

**MORGAN, EMMETT P
 1312 CAMELLIA CIRCLE
 WESTON FL 33326**

7. Name and Address of New Registered Agent

Name
MORGAN, EMMETT P.
 Street Address (P.O. Box Number is Not Acceptable)
1406 MEADOWS BLVD
 City
WESTON FL Zip Code
33327

* 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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS MORGAN, EMMETT P 1312 CAMELLIA CIRCLE WESTON FL 33326 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS MORGAN, EMMETT P 1406 MEADOWS BLVD WESTON FL 33327 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 an other like empowered.

SIGNATURE: **EMMETT P. MORGAN** 2/1/02 954-217-7667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)