

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90066 020 ***158.75

DOCUMENT # P97000073655

1. Entity Name
MORSE & ASSOCIATES, INC.

Principal Place of Business

1444 DUBONETT COURT
FORT MYERS FL 33919

Mailing Address

1444 DUBONETT COURT
FORT MYERS FL 33919

2. Principal Place of Business

12043 Windemere Crossing Circle

3. Mailing Address

12043 Windemere Crossing Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Garden FLorida

City & State

Winter Garden FLorida

4. FEI Number

65-0780908

Applied For

Not Applicable

Zip

34787

Country

United States

Zip

34787

Country

United States

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, CARL J ESQ.
2201 SECOND STREET
5TH FLOOR
FORT MYERS FL 33901

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

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)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORSE, JOHN J
1444 DUBONNET CT
FT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORSE, LAURA
1444 DUBONNET CT
FT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORSE, JOHN J.
12043 Windemere Crossing Circle
Winter Garden FL 34787 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORSE, LAURA
12043 Windemere Crossing Circle
Winter Garden FL 34787 ☒ Change ☐ Addition

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

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

TITLE
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Morse Director John Morse 4/2/01 407-877-0643

CR2E034 (10/00)