

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90348 018 ***150.00

DOCUMENT # P97000083189

1. Entity Name
MORGAN'S FOREST INC.

Principal Place of Business
18196 DEEP PASSAGE LANE
FORT MYERS BEACH FL 33931

Mailing Address
18196 DEEP PASSAGE LANE
FORT MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

11627 Marshwood Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Myers, FL

Zip

Country

Zip
33908

Country

4. FEI Number

65-0791354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGUIGAN, MICHAEL
18196 DEEP PASSAGE LN
FORT MYERS BEACH FL 33931

Name
MCGUIGAN, MICHAEL
 Street Address (P.O. Box Number is Not Acceptable)
11627 Marshwood Lane

City
Fort Myers **FL** Zip Code
33908

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 *Michael B McGuigan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-02

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
D ☐ Delete
 NAME
MCGUIGAN, MICHAEL B
 STREET ADDRESS
18196 DEEP PASSAGE LANE
 CITY-ST-ZIP
FORT MYERS BEACH FL 33931

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Delete
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 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: *Michael B McGuigan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-02 239-4153622

CR2E034 (9/01)