2001 UNIFORM BUSINESS REPORT (UBR)						FIL		_=		
DOCUMENT # P9700095651 1. Entity Name MORGAN ASSET MANAGEMENT COMPANY, INC.					Apr 28, 2001 08:00 AM Secretary of State					
Principal Place		Mailing Address								
LARGO 33777	FL US	LARGO 33777	us	FL						
2. Principal P	lace of Business	3. Mailing Address 10660 75 STREET	Mailing Address 10660 75 STREET						-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e FL	City & State		FL	1	FEI Number 9-3477816			pplied For	
Zip 33777	Country us	Zip 33777	Count us	ry		Certificate of Status Desir	ed 🗌	\$8.75 Add	itional	
	6. Name and Address of Current	Registered Agent	. 1	· .=	7. 1	Name and Address of No	ew Registered			+
MORGAN DEBORA D 10660 75TH STREET						BORA D Box Number is Not Accept	table)			
LARGO 33777	US	FL	-	SUITE A			FL	Zip Code	e	-
8. The above	named entity submits this statement for	or the purpose of changing its r	egistere	LARGO d office or	registered ag	gent, or both, in the State of		33777		-
SIGNATURE _	Signature, typed or printed name of registered agent	-			re required when n			<u>8/2001</u>	<u></u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable				vill be \$5	50.00	10. Election Campaig Trust Fund Contrib	~ _		0 May Be i to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ΑD	DDITIONS/CHANGES TO	OFFICERS AND	D DIRECTORS	S IN 11	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MORGAN DEBORA D. 7 DURLAND DR CHESTER	☐ Delete NY 10918			PST MORGAN 13000 110T LARGO	DEBORA D.	FL	Change	☐ Addition	34 (11)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ¸						☐ Change	☐ Addition	CR2E(
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	☐ Addition	
of the cor	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that my powered to execute this report a								
SIGNAT	URE: Debora D, Morgan	PRINTED NAME OF SIGNING OFFICER O	R DIRECTO	OR .	F	Pres 04/28/2001 Date		Daytime Phone #		

Date

Daytime Phone #