2001 UNIFORM BUSINESS REPORT (UBR)					Sep 10, 2001 8:00 am	
DOCUMENT #  1. Entity Name		0022933		_	Sep 10, 2001 8:00 am Secretary of State	
DALE MORRIS DEVELOPMENT, INC.				J	09-10-2001 90043 033 ***550.00	
	The takes see	المسارية فيستان فالمارية	<u></u>			
Principal Place of Business Mailing Address  9483-WILDERNESS TR. PO BOX 6198						
BROOKSVILLE FL-34013		SPRING HILL FL 34611				
Principal Place of Business						
7264 TROPICA Suite, Apt. #, etc.		3. Mailing Address PO. Box	6198		&- 3-	
-		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
	HA.		411 7	1 1	4. FEI Number 59-3502338 Applied For Not Applicable	
	ntry	34611	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	7. Name and Address of New Registered Agent  OFN FOR GREGORY F					
CARPENTER, GREGORY E  9463 WILDERNESS TR  Street Address (				Address (P.O	O. Box Number is Not Acceptable)	
BROOKVILLE FL 34613	American II american	ස්විධ කිසි දකිනාන් නියා –		7264	TROPICAL DE	
City Spring Hill FL Zio Code 34607-14.						
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 in	SIGNATURE SIgnature, typed or printed refered agent and tills if applicable. (NOTE: Registered Agent signature required wind reinstating)  DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After September 12, 2001 Fee will be \$750.00					10. Election Campaign Financing \$5.00 May Be	
(See criteria on back)	×	Make Check Payabl	ole to Departmen	ent of State	Trust Fund Contribution. Added to Fees	
TITLE DP	OFFICERS AND DIR	RECTORS Delete	12. TITLE	T -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition	
NAME CARPENTER, GRI	SS TR		NAME STREET ADDRESS	, 726°	9 T-2 a 0.4 A - ( 12 2 ) + 1	
CITY-ST-ZIP BROOKVILLE FL :  TITLE VPST			CITY-ST-ZIP	Spr	H TROPICAL DR.  LING HILL 71. 34607-1429  CECHange Addition	
NAME STREET ADDRESS CARPENTER, BAI 9463 WILDERNES		tal bolow	NAME STREET ADDRESS	77.0	4 TROPICAL DR.	
CITY-ST-ZIP BROOKVILLE FL			CITY-ST-ZIP	·	ing Hill 71. 34607-1429	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		11170	STREET ADDRESS CITY-ST-ZIP			
TITLE	. — ——————————————————————————————————	Delete	. TITLE			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE	***	☐ Delete	TITLE	<del> </del>	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	,	1	
13. I hereby certify that the information	ation supplied with this	is filing does not qualify for	CITY-ST-ZIP the exemption sta	ated in Section	on 119.07(3Vi). Florida Statutes. I further certify that the information	
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: HELDON President 9-1-01 352-592-3383						

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