

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025733

1. Entity Name

SCOTT J. MORGAN, INC.

Principal Place of Business

1435 N.E. OAK LANE DR.  
JENSEN BEACH FL 34957

Mailing Address

1435 N.E. OAK LANE DR.  
JENSEN BEACH FL 34957

2. Principal Place of Business

1416 NE OAK LANE DR.

Suite, Apt. #, etc.

3. Mailing Address

1416 NE OAK LANE DR.

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL

Zip

Country

34957

City & State

JENSEN BEACH FL

Zip

Country

34957

4. FEI Number

65-0824817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BASS, DONALD L  
7166 S.E. OSPREY ST.  
HOBE SOUND FL 33455

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)

☒

**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 DP  
NAME MORGAN, SCOTT J  
STREET ADDRESS 1435 N.E. OAK LANE DR.  
CITY-ST-ZIP JENSEN BEACH FL 34957

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 1416 N.E. OAK LANE DR.  
CITY-ST-ZIP JENSEN BEACH FL 34957

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Scott J. Morgan

SCOTT J. MORGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01

Date

561-334-5010

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)