

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90003 046 ***150.00

DOCUMENT # P98000065326

1. Entity Name
MORELL MARKETING GROUP, INC.

Principal Place of Business 840 NW 21 WAY DELRAY BEACH FL 33445	Mailing Address 840 NW 21 WAY DELRAY BEACH FL 33445-3481
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001955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 N. Congress Ave Suite, Apt. # etc. B-305	3. Mailing Address 500 N. Congress Ave. Suite, Apt. #, etc. B-305
City & State Delray Beach, FL	City & State Delray Beach FL
Zip 33445	Country USA

4. FEI Number 65-0851037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**STEELE, MICHELE
 840 NW 21 WAY
 DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent
 Name **Brenda Morrow**
 Street Address (P.O. Box Number is Not Acceptable)
500 N. Congress Ave B-305
 City **Delray Beach FL** Zip Code **33445**

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 *Brenda Morrow* **Brenda Morrow** DATE **1/7/00**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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	P MORROW, BRENDA 840 NW 21 WAY DEL RAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEELE, MICHELE 840 NW 21 WAY DEL RAY BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T Brenda Morrow 500 N. Congress Ave B-305, Delray Beach, FL 33445	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brenda Morrow* **Brenda Morrow** DATE: **1/7/00** (561) 246-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)