## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## May 17, 2001 8:00 am <sup>5</sup> Secretary of State DOCUMENT # P98000073006 05-17-2001 91334 014 \*\*\*150.00 MORRAE PROPERTIES, INC. Principal Place of Business Mailing Address 1266 BAY HARBOR DR. #203 1266 BAY HARBOR DR. #203 D0053806 PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business 3. Mailing Address 1232 JASMINE LAKE OR. 1232 JASMING Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3529027 TARPM TAROM Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUNDERSON, BRIAN L Street Address (P.O. Box Number is Not Acceptable) 1266 BAY HARBOR DR. #203 32 JASMINE PALM HARBOR FL 34685 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. <u>dq</u> Addition TITLE ☐ Delete BRIAN Gunderson GUNDERSON, BRIAN L NAME NAME 1232 JASMINY LAKE DR STREET ADDRESS 1266 BAY HARBOR DR. #203 STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP TARAM SPRINGS, FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE GUNDERSON, MELINDA F GUNDERSON, MELINDA NAME NAME 1232 JASMINE LAKE OR STREET ADDRESS 1266 BAY HARBOR DR. #203 STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP 34689 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED