

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90318 005 \*\*\*150.00

**DOCUMENT # P98000074685**

1. Entity Name  
**MORRELL CONSTRUCTION COMPANY OF NORTHWEST FLORIDA**  
**A**



Principal Place of Business  
**9221 WINDSONG LN**  
**PENSACOLA FL 32534**

Mailing Address  
**9221 WINDSONG LN**  
**PENSACOLA FL 32534**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**3003 Chance Rd.**

Suite, Apt. #, etc.

**3003 Chance Rd.**

City & State

**Molino FL**

City & State

**Molino FL**

Zip

**32577**

Country

**USA**

Zip

**32577**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3532283**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORRELL, JERRY R**  
**9221 WINDSONG LN**  
**PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name

**N/A**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**Jerry R. Morrell, Jr.**

**President**

**1-6-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MORRELL, JERRY R JR.</b>	
STREET ADDRESS	<b>9221 WINDSONG LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32534</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **Jerry R. Morrell, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-03**

Date

**850-471-1195**

Daytime Phone #

CR2E034 (10/02)