2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90190 002 ***150.00

DOCUMENT # P98000093318

1. Entity Name
MORGANELLI & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1401 SARATOGA STREET DELAND FL 32724	~~947 TORCHWOOD DRIVE~~ DELAND FL 32724

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	1401 SARASOTA ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. DELAND FL
City & State	City & State
Zip / Country	Zip 32724 / Country

4. FEI Number 59-3552117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGANELLI, ALBERT J
947 TORCHWOOD DRIVE
DELAND FL 32724

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 Kathryn M Morganelli Kathryn M Morganelli 1-26-2001
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VST	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MORGANELLI, KATHRYN M		NAME	
STREET ADDRESS	~~947 TORCHWOOD DR~~		STREET ADDRESS	1401 SARATOGA STREET
CITY-ST-ZIP	DELAND FL 32724		CITY-ST-ZIP	DELAND FL 32724
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MORGANELLI, ALBERT J		NAME	
STREET ADDRESS	~~947 TORCHWOOD DR~~		STREET ADDRESS	1401 SARATOGA STREET
CITY-ST-ZIP	DELAND FL 32724		CITY-ST-ZIP	DELAND FL 32724
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP			CITY-ST-ZIP	

CR2E034 (10/00)

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: Kathryn M Morganelli Kathryn M Morganelli 1-26-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904 738 3669