2000 UNIFORM BUSINESS REPORT (UBR)

5/30/00-90057-042-$150.00-$150.00
* 8/21/00-90207-004-$8.75-$8.75

DOCUMENT # P99000016017

1. Entity Name
MORAGNE PROPERTY MANAGEMENT, INC.

FILED
00 SEP 21 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7416 RICHARDSON HEIGHTS PLACE JACKSONVILLE FL 32209	7416 RICHARDSON HEIGHTS PLACE JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3658720 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, CHARLES E JR. 3821 HARBORVIEW COURT JACKSONVILLE FL 32209	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 _____ DATE
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 President NAME Carlton L. Thompson STREET ADDRESS 465 Van Houten Ave, Unit 18 CITY-ST-ZIP Passaic, NJ 07055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Vice President NAME Charles E. Thompson STREET ADDRESS 3821 Harborview Ct CITY-ST-ZIP Jacksonville, Florida 32209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Secretary NAME Gwendolyn Flanders STREET ADDRESS 7416 Richardson Heights Place CITY-ST-ZIP Jacksonville, Florida 32209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE Treasurer NAME Suzanne Thompson STREET ADDRESS 465 Van Houten Ave Unit 18 CITY-ST-ZIP Passaic, NJ 07055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (5/00)

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: SIGNATURE REQUIRED 08-09-00 (973) 278-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #