2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Order of Pronto J Roland Morito SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000028981 1: Entity Name MORICO, INC.						Secretary of State 02-08-2001 90060 018 ***150.00				
Principal Place 1811 N. TAMPA TAMPA FL 338		Mailing Address 1565 WOODFIELD COURT LUTZ FL 33549								
						E H ar iera i nio komo natik odnih gojik d	INDER NAVAN (1808) I		IST (18) (18)	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	re .	City & State			-	4. FEI Number 50-2500061 Applied For				
Oity d State					4,	FEI Number 59-3599961		<u> </u>	ot Applicable	
Zip	Country	Zip	Country		5.	Certificate of Status Desired		8.75 Add		
	6. Name and Address of Curren	t Registered Agent			7.	Name and Address of New Re				
MORITO, ROLAND JR.				Name						
1565 WOODFIELD COURT					Street Address (P.O. Box Number is Not Acceptable)					
LUTZ	Z FL 33549									
				City			FL	Zip Code	e	
8. The above	named entity submits this statement f	or the purpose of changing its	s register	L. ed office or regis	stered ag	ent, or both, in the State of Flor				
SIGNATURE .										
	Signature, typed or printed name of registered agen			d Agent signature requ	lired when re	einstating)	DATE			
 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 St				10. Election Campaign Fina Trust Fund Contribution			May Be to Fees	
11.	OFFICERS AND		12.		AD	DITIONS/CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORITO, ROLAND JR. 1565 WOODFIELD COURT LUTZ FL 33549	☐ Delete		1] Change	☐ Addition	
TITLE	D	☐ Delete	TITLE			di		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MORITO, ANTOINETTE 1565 WOODPIELD CT. LUTZ, EIA. 33549	•		E ET ADDRESS -ST-ZIP						
TITLE		□ Delete	TITLE		<u>~</u>] Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	Addition	
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that ro owered to execute this report	my signat : as requir	ure shall have th	ie same l	egal effect as if made under oa	th: that I am	an officer	or director	

Roland Morito Ja

30 JAN01

DIRECTOR

(P13)226-6541

Daytime Phone #