

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032007

1. Entity Name

LAWS' MORRIS INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-07-2000 90030 038 ***150.00

Principal Place of Business

Mailing Address

RR 3, BOX 810 ROOTMAN
MADISON FL 32340

RR 3, BOX 810 ROOTMAN
MADISON FL 32340-9630

2. Principal Place of Business

RR 2, Box 1231
Suite, Apt. #, etc.

3. Mailing Address

RR 2, Box 1231
Suite, Apt. #, etc.

City & State

Madison, FL
Zip: 32340 Country: madison

City & State

Madison, FL
Zip: 32340 Country: madison

4. FEI Number

59-3567188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWS, AUDREY D
RR 3, BOX 810 ROOTMAN
MADISON FL 32340

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

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWS, AUDREY M	
STREET ADDRESS	RR 3, BOX 810 ROOTMAN	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MORRIS, OLIN D	
STREET ADDRESS	RR 3, BOX 810 ROOTMAN	
CITY-ST-ZIP	MADISON FL 32340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Audrey D. Laws
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

143-00