

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90071 037 \*\*\*150.00

**DOCUMENT # P99000032007**

1. Entity Name

**LAWS' MORRIS INC.**

Principal Place of Business

Mailing Address

RR 2, BOX 1231  
MADISON FL 32340

RR 2, BOX 1231  
MADISON FL 32340

2000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3567188**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

Name Olin D Morris  
Street Address (P.O. Box Number is Not Acceptable)

RR 2 Box 1231  
City Madison FL Zip Code 32340

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

Audrey Laws Olin D Morris  
Signature, typed or printed name of registered agent and board application (NOTE: Registered Agent Signature required when re/instating)

1-31-01  
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	PD	<input checked="" type="checkbox"/> Delete
NAME	LAWS, AUDREY M	
STREET ADDRESS	RR 3, BOX 810 ROOTMAN	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	VSTO PD	<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
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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)(l), 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:

Olin D Morris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)