

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90006 001 \*\*\*150.00

UBR 100 A1

**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**

2. Principal Place of Business

**3407 NE Rutherford Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**3407 NE Rutherford Rd**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Lee, FL**

City & State  
**Lee, FL**

4. FEI Number  
**59-3567188**

Applied For  
 Not Applicable

Zip  
**32059**

Country  
**MADISON**

Zip  
**32059**

Country  
**MADISON**

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

**MORRIS, OLIN D**

~~RR-2 BOX 1231~~

**MADISON FL 32340**

**3407 NE Rutherford Rd**  
**Lee, FL 32059**

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 *Olin D Morris president*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-31-02**  
 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, 2002 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**  
 NAME **MORRIS, OLIN D**  
 STREET ADDRESS ~~RR-2 BOX 1231~~ **3407 NE Rutherford Rd**  
 CITY-ST-ZIP **MADISON FL 32340 Lee FL 32059**

☐ Delete

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 STREET ADDRESS  
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☐ Change ☐ Addition

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: *Olin D Morris president*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-02 850-971-5152**  
 Date Daytime Phone #

CR2E034 (9/01)