2001 UNIFORM BUSINESS REPORT (UBR)

02-01-2001 90073 041 ***158.75
P99000040216

FILED
01 MAR 16 PM 12: 18
SECRETARY OF STATE
TALLAH[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000040216

1. Entity Name
MORPUR HOLDINGS, INC.

Principal Place of Business	Mailing Address
1786 S.W. BILTMORE STREET PORT ST. LUCIE FL	1786 S.W. BILTMORE STREET PORT ST. LUCIE FL

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 65-0921136 ☐ 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
Gayle Moore, Director 1786 S.W. Biltmore St. Port St. Lucie, FL 34984	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] 3/12/01
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURIS, JOHN S 5215 TANNERON PLACE CHARLOTTE NC 28226	☐ Delete	Director Purvis, John S 1786 SW Biltmore St. Port St. Lucie, FL 34984	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, GAYLE L 5215 TANNERON PLACE CHARLOTTE NC 28226	☐ Delete	Director Moore, Gayle L 1786 SW Biltmore St. Port St. Lucie, FL 34984	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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] Gayle L. Moore 1/25/01 561-871-2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/8/01
2/28/01
3/16