

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2000 90246 034 ***150.00

DOCUMENT # P99000052527

1. Entity Name
MORGAN STAFFING, INC.

Principal Place of Business

8010 SWAMP FLOWER DR
 JACKSONVILLE FL 32244

Mailing Address

8010 SWAMP FLOWER DR
 JACKSONVILLE FL 32244-6127

2. Principal Place of Business

Suite, Apt. #, etc.
17904 Georgia Jack DR.

City & State
Jacksonville, FL.

Zip
32244

Country
US

3. Mailing Address

17904 Georgia Jack DR.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32244

Country
US.



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3574545

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, SONSERAE C
8010 SWAMP FLOWER DR
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name **Sonserae C. Morgan**
 Street Address (P.O.-Box Number is Not Acceptable)
17904 GEORGIA JACK DR.
 City **JACKSONVILLE** **FL** **32244**

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 **Sonserae C. Morgan**

DATE **3/26/00**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CICERO-MORGAN, SONSERAE	8010 SWAMP FLOWER DR	JACKSONVILLE FL 32244	<input type="checkbox"/>
D	MORGAN, MAURICE D	8010 SWAMP FLOWER DR	JACKSONVILLE FL 32244	<input type="checkbox"/>
D	BAGLEY, VIRGINIA	8010 SWAMP FLOWER DR	JACKSONVILLE FL 32244	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Registered Agent	Sonserae C. Morgan	17904 Georgia Jack DR.	JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Registered Agent	Maurice Morgan	17904 Georgia Jack DR.	JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Virginia Bagley	6710 Collins Road #611	JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Sonserae C. Morgan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/26/00**

DATE

DAYTIME PHONE #