

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 17904 Georgia JACK DR.	3. Mailing Address 17904 Georgia JACK DR. Suite, Apt. #, etc.
City & State Jacksonville, FL.	City & State Jacksonville, FL
Zip 32244	Country US

4. FEI Number 59-3574545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Reinstated Agent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sonserae C. Morgan 17904 Georgia JACK DR. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maurice Morgan 17904 Georgia JACK DR. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Virginia Bagley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6710 Collins Road #611 JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Sonserae C. Morgan** DATE **3/26/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #