

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072701

1. Entity Name

MORROW SECURITY BARS AND DOORS, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90017 041 \*\*\*150.00

Principal Place of Business

360 SE 6TH TERRACE  
 POMPANO BEACH FL 33060

Mailing Address

360 SE 6TH TERRACE  
 POMPANO BEACH FL 33060-8040

2. Principal Place of Business

1635 NE 133 Street

Suite, Apt. #, etc.

3. Mailing Address

1635 NE 133 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State No. Miami FL		City & State No. Miami FL		4. FEI Number 65-0942356	Applied For <input type="checkbox"/> Not Applicable
Zip 33181	Country USA	Zip 33181	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORROW, LINDA M  
 360 SE 6TH TERRACE  
 POMPANO BEACH FL 33060

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, LINDA M 360 SE 6TH TERRACE POMPANO BEACH FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V morrow, Bruce H 360 SE 6 Terrace Pompano Beach FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P morrow, Linda m 360 SE 6 Terrace Pompano Beach FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Linda M. Morrow Linda M. Morrow 4/7/00 305-891-1521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)