FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # VO1778

This corporation is eligible to satisfy its Intangible

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Mar 19, 2002 8:00 am **Secretary of State**

03-19-2002 90033 017 ***150.00

420335

DO	MOT	WRITE	N	THIS	SPACE
		001711F	314		

ROGER C. MORGAN, INC.

2. Principal Place of Business 3. Mailing Address 3983 CHICOMA WOOD PLACE 3983 CHICURA WOOD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. FACKSoutville 4. FEI Number 24 904 95 Applied For City & State City & State JACK SON VILLE FL. TACKSONVILLE Zig 37224 \$8.75 Additional 5. Certificate of Status Desired U.S.A Fee Required 7. Name and Address of Current Registered Agent JOHN G. MENCKE

DO NOT WRITE IN THIS SPACE

Street Address (P.O. Box Number is Not Acceptable) 818 AIA North Ste 206

TONTE VEDER BEACH <u> 208</u>2 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.

After May 1, Fee is \$550.00

SIGNATURE TOHN G. MENCKE P. A January 1 - May 1 Fee is \$150.00

10.-Election:Campaign:Financing: \$5:00 May Be Trust Fund Contribution. Added to Fees

Tax filing requirement and elects to do so. Amended UBR is \$61.25 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE ROGER C. MOTGAN 3983 CHICÓPO WOOD PLACE NAME NAME STREET ADDRESS STREET ADDRESS JACKSON UILLE, FL. 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: KOGER C. MORGAN