

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90082 018 ***150.00

DOCUMENT # V26948

1. Entity Name
RESPECTIONS INC.

Principal Place of Business

**1739 EMERALD COVE CIR
 CAPE CORAL FL 33991
 US**

Mailing Address

**1739 EMERALD COVE CIR
 CAPE CORAL FL 33991
 US**

2. Principal Place of Business

**11849 PRINCESS GRACE CT
 Suite, Apt. #, etc.**

3. Mailing Address

**11849 PRINCESS GRACE CT.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL FLA

City & State
CAPE CORAL FLA

4. FEI Number **65-0320945**

Applied For
 Not Applicable

Zip **33991** Country **USA**

Zip **33991** Country

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

**MORRIS, DUANE S.
 125 S.E. 43RD TERR
 CAPE CORAL FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

11849 PRINCESS GRACE CT.

City

CAPE CORAL

FL

Zip Code

33991

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 **DUANE S MORRIS**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/29/02
 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, 2002 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 ☐ Delete
 NAME **PS MORRIS, DUANE S.**
 STREET ADDRESS **1739 EMERALD COVE CIRCLE**
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

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 employees.

SIGNATURE: **DUANE S MORRIS** **4/29/02** **994-2925**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)