

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 604948**

1. Entity Name

TIM K. MURRAY, D.V.M., P.A.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90091 035 ***150.00

0010676

Principal Place of Business	Mailing Address
3201 CRILL AVE.	3201 CRILL AVE.
PALATKA FL 32177-4158	PALATKA FL 32177-4158

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1500543		Applied For
		Not Applicable
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	
MURRAY, TIM K. 3201 CRILL AVENUE PALATKA FL 32177		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD	TITLE	
NAME	MURRAY, TIM K DVM	NAME	
STREET ADDRESS	3201 CRILL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	RONALD P JOHNSON	NAME	
STREET ADDRESS	3201 CRILL AVE	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	VIRGINIA P. MURRAY	NAME	
STREET ADDRESS	3201 CRILL AVE	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE	OVPT	TITLE	
NAME	KELLY M JOHNSON	NAME	
STREET ADDRESS	3201 CRILL AVE	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE	VPS	TITLE	
NAME	JENNIFER MARRAFFINO	NAME	
STREET ADDRESS	3201 CRILL AVE	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1-11-01 (904) 328-9616

Date

Daytime Phone #

CR2E034 (10/00)