

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90040 031 ***150.00

DOCUMENT # 613576

1. Entity Name

MURRAY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5444 BAYSHORE DR
 SEMINOLE FL 34642

5444 BAYSHORE DR
 SEMINOLE FL 33772-7101
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1891643**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, FRED JR
5444 BAYSHORE DR
SEMINOLE FL

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *X*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MURRAY, FRED JR	V/T	Brian C. Murray
5444 BAYSHORE DR	5444 BAYSHORE DR	5444 Bayshore Dr.	5444 Bayshore Dr.
SEMINOLE FL	SEMINOLE FL	Seminole, Fla. 33772	Seminole, FL 33772
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	MURRAY, BETTY J.	S	Desmond Murray
5444 BAYSHORE DR	5444 BAYSHORE DR	5444 Bayshore Dr.	5444 Bayshore Dr.
SEMINOLE FL	SEMINOLE FL	Seminole, FL 33772	Seminole, FL 33772
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000 727-391-9662

Date Daytime Phone #

CR2E034 (9/99)