

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90065 039 \*\*\*150.00

**DOCUMENT # 815555**

1. Entity Name

**MURPHREE BRIDGE CORPORATION**

Principal Place of Business

Mailing Address

**PIKE COUNTY LAKE ROAD  
 #547  
 TROY AL 36081**

**PIKE COUNTY LAKE ROAD  
 #547  
 TROY AL 36081**

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

**63-0368729**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 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	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHREE, FRANK HUNTER</b>	
STREET ADDRESS	<b>431 W COLLEGE ST</b>	
CITY-ST-ZIP	<b>TROY AL 36081</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, KENNETH</b>	
STREET ADDRESS	<b>205 CROWE HILL RD</b>	
CITY-ST-ZIP	<b>TROY AL 36081</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, WILLIAM E</b>	
STREET ADDRESS	<b>2826 BLINDJACK ROAD</b>	
CITY-ST-ZIP	<b>TROY AL 36081</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SENN, MARY SUE</b>	
STREET ADDRESS	<b>P O BOX 151 N/A</b>	
CITY-ST-ZIP	<b>BRUNDRIDGE AL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHREE, THOMAS W</b>	
STREET ADDRESS	<b>105 FOREST TERRACE</b>	
CITY-ST-ZIP	<b>TROY AL 36081</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Mary Sue Senn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Mary Sue Senn*

*1/30/01*  
 Date

*334-266-0756*  
 Daytime Phone #

CR2E034 (10/00)

**00013511**



DO NOT WRITE IN THIS SPACE