

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90236 020 ***150.00

DOCUMENT # F99000002310

1. Entity Name
MURRAY TRENCHLESS, INC.

Principal Place of Business 19871 YORBA LINDA BLVD., SUITE 106 YORBA LINDA CA 92886	Mailing Address 19871 YORBA LINDA BLVD., SUITE 106 YORBA LINDA CA 92886-2811
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2. Principal Place of Business Suite, Apt. #., etc..	3. Mailing Address Suite, Apt. #., etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **33-0776903** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FERGUSON, MARC
4500 140TH AVENUE NORTH, #212
CLEARWATER FL 33762

7. Name and Address of New Registered Agent
 Name **Robert P. Hansen**
 Street Address (P.O. Box Number is Not Acceptable)
8039 Diagonal Road North
 City **St. Petersburg** FL Zip Code **33702**

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 *Robert P. Hansen* (NOTE: Registered Agent signature required when reinstating) DATE **5-1-00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, JOHN 19871 YORBA LINDA BLVD., SUITE 106 YORBA LINDA CA 92886 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURRAY, KATHLEEN 19871 YORBA LINDA BLVD., SUITE 106 YORBA LINDA CA 92886 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23621 E. La Palma Ave, Suite H-505 Yorba Linda, CA 92887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23621 E. La Palma Ave, Suite H-505 Yorba Linda, CA 92887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Robert P. Hansen* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **5-1-00** 727-821-0309 Daytime Phone #

CR2E034 (9/99)