

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90236 040 ***150.00

DOCUMENT # *P01000083463*

1. Entity Name

Mark A. Murray, P.A.



DO NOT WRITE IN THIS SPACE

94074759

2. Principal Place of Business

995 St. Rd. 434 N. Suite 307

Suite, Apt. #, etc.

3. Mailing Address

Suite 307

Suite, Apt. #, etc.

City & State

Altamonte Springs

City & State

Fl.

Zip

32714

Country

U.S.

Zip

Country

4. FEI Number

59-3738577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark A. Murray

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

995 St. Rd. 434 N. #307

City

Altamonte Springs

FL

Zip Code

32714

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Mark A. Murray
995 St. Rd. 434 N. #307
Altamonte Springs, Fl. 32714**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/04 407-786-2270

CR2E034B (12/02)