

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000034423**1. Entity Name
FLORIDA SEALING PRODUCTS, INC.Principal Place of Business
3000 STATE RTE 37 SOUTH
MULBERRY FL 33860 US
Mailing Address
P.O. BOX 1108
MULBERRY FL 33860 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
59-3179863
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MURPHY MICHAEL G.
4955 GRAND BLVD.
LAKELAND FL 33813 US

7. Name and Address of New Registered Agent

Name
MURPHY MICHAEL G.
Street Address (P.O. Box Number is Not Acceptable)
205 E HOOKER ST
City
BARTOW FL Zip Code
38330

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 _____ 08/03/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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

TITLE	T	<input type="checkbox"/> Delete
NAME	MURPHY MICHAEL G	
STREET ADDRESS	4955 GRAND BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY SEAN G	
STREET ADDRESS	4934 GRAND BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY VICTORIA	
STREET ADDRESS	6759 TRAIL RIDGE DR	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY JAMES G	
STREET ADDRESS	CRESENT LAKE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY MICHAEL F	
STREET ADDRESS	6759 TRAIL RIDGE DR	
CITY-ST-ZIP	MULBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURPHY MICHAEL G		
STREET ADDRESS	205 E HOOKER ST		
CITY-ST-ZIP	BARTOW FL 338305620		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURPHY VICTORIA		
STREET ADDRESS	4955 GRAND BLVD		
CITY-ST-ZIP	LAKELAND FL 33813		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURPHY MICHAEL F		
STREET ADDRESS	4955 GRAND BLVD		
CITY-ST-ZIP	LAKELAND FL 33813		
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: MICHAEL G MURPHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T 08/03/2001

Date

Daytime Phone #

CR2E034 (11/00)