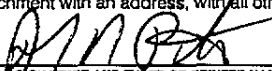


FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000060660 1. Entity Name MURPHY, REID & PILOTTE, P.A.				Feb 07, 2004 08:00 AM Secretary of State		
Principal Place of Business 340 ROYAL PALM WAY SUITE 100 PALM BEACH, FL 33480-4307		Mailing Address 340 ROYAL PALM WAY SUITE 100 PALM BEACH, FL 33480-4307				
DO NOT WRITE IN THIS SPACE						
				01292004 No Chg-P CR2E034 (10/03)		
				4. FEI Number 65-0435344		
				Applied For Not Applicable		
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PILOTTE, FRANK T 340 ROYAL PALM WAY SUITE 100 PALM BEACH, FL 33480-4307				DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		U000000040394 02/09/04-80046-016 150.00 DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PILOTTE, FRANK T 340 ROYAL PALM WAY, STE. 100 PALM BEACH, FL 334804307					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MURPHY, EUGENE W JR. 340 ROYAL PALM WAY, STE. 100 PALM BEACH, FL 334804307					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 		2/5/04 561-655-4060				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				