

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90092 004 ***150.00

0522186

DOCUMENT # 124058

1. Entity Name

MURPHEY CAPITAL, INC.

Principal Place of Business

Mailing Address

**2411 CAROLINA
TAMPA FL 33629
US****P.O. BOX 18065
TAMPA FL 33679-8065**

2. Principal Place of Business

3. Mailing Address

3208 W CHAPIN AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL4. FEI Number **59-0402805**

Applied For

Not Applicable

Zip

Country

Zip

Country

33611**US**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

**MURPHEY, DAVID R III
2411 CAROLINA
TAMPA FL 33629**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MURPHEY, DAVID R III	2411 CAROLINA	TAMPA FL 33629	<input type="checkbox"/>
VP	MURPHEY, ANN L	3308 SIERRA CIRCLE	TAMPA FL 33629	<input type="checkbox"/>
S	BROWN, HELEN M	3202 FAIROAKS AVE	TAMPA FL 33611	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	MURPHEY, DAVID R. III	3208 W CHAPIN AV	TAMPA FL 33611	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	SNYDER, CAROLINE M.	3308 SIERRA CIRCLE	TAMPA FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **HELEN M BROWN HELEN M. BROWN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

Date

(813)831-8012

Daytime Phone #

CR2E034 (10/00)