

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90134 022 ***150.00

DOCUMENT # 383038

1. Entity Name

JAMES W. MURPHY INTERIORS, INC.

Principal Place of Business

**2725 PONCE DE LEON BLVD
 CORAL GABLES FL 33134**

Mailing Address

**2725 PONCE DE LEON BLVD
 CORAL GABLES FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1353164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MURPHY, JAMES W
 2843 S. BAYSHORE DR. #3-E
 COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

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. 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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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
**PSDT
 MURPHY, JAMES W
 2843 S. BAYSHORE DR.
 COCONUT GROVE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 MURPHY, JAMES W
 2843 S. BAYSHORE DR #3-E
 COCONUT GROVE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

James W. Murphy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Murphy 7-16-02 (305) 446-5984

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

383038

INTERIOR DESIGNERS • CONSULTANTS

James W. Murphy Interiors Inc.



2725 Ponce de Leon Boulevard
Coral Gables, Florida 33134
(305) 446-5984

July 16, 2002

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS**

**P.O. Box 1500
Tallahassee, Florida 32302-1500**

RE: DOCUMENT #383038

Please find enclosed our Check #50647 in the amount of \$150.00.

We never received the Original 2002 Uniform Business Report in January and we always make timely payments. Therefore, we respectfully request your acceptance of this Form as our Original.

Thanking you in advance.

Sincerely,

**James W. Murphy
President**

**JWM/is
Enclosure (Check #50647)**