

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 439862

1. Entity Name

WILLIAM M. BISHOP CONSULTING ENGINEERS, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90158 023 \*\*\*158.75

Principal Place of Business

15 NORTH CALHOUN STREET  
PO BOX 3407  
TALLHASSEE FL 32303

Mailing Address

715 NORTH CALHOUN STREET  
PO BOX 3407  
TALLHASSEE FL 32315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1499918

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, MICHAEL P PE  
715 N CALHOUN ST  
TALLHASSEE FL 32303

Name

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

City

FL

Zip Code

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

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, 2002 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**

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, MICHAEL P PE	
STREET ADDRESS	715 N CALHOUN ST.	
CITY-ST-ZIP	TALLHASSEE FL 32303	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MURPHY, MICHAEL P PE	
STREET ADDRESS	715 N. CALHOUN STRET	
CITY-ST-ZIP	TALLHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, GWENDOLYN J	
STREET ADDRESS	715 N. CALHOUN ST	
CITY-ST-ZIP	TALLHASSEE FL 32303	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MARSTON, SEAN K	
STREET ADDRESS	715 N CALHOUN ST	
CITY-ST-ZIP	TALLHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 P Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

(850) 222-0334

Date

Daytime Phone #

CP2E034 (9/01)