

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90601 016 ***150.00

DOCUMENT # 466710

1. Entity Name

MURRAH, DOYLE AND WIGLE, P.A.

Principal Place of Business

**800 WEST MORSE BLVD.
SUITE 1
WINTER PARK FL 32789**

Mailing Address

**P. O. BOX 1328
WINTER PARK FL 32790**

2. Principal Place of Business

800 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 1

City & State
Winter Park, FL

Zip
32789

Country
USA

3. Mailing Address

P. O. Box 1328

Suite, Apt. #, etc.

City & State
Winter Park, FL

Zip
32790

Country
USA

4. FEI Number **59-1563049**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURRAH, KENNETH F.
1601 LEGION DRIVE
WINTER PARK FL**

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.

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, 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**

11. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **DOYLE, PATRICK W, J D**
STREET ADDRESS **748 MCINTYRE AVE**
CITY-ST-ZIP **WINTER PARK, FLA 0**

TITLE **PD** ☐ Delete
NAME **MURRAH, KENNETH F, J D**
STREET ADDRESS **1601 LEGION DRIVE**
CITY-ST-ZIP **WINTER PARK, FLA 0**

TITLE **TD** ☐ Delete
NAME **WIGLE, BRUCE**
STREET ADDRESS **1422 CUMBLE AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(l), 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:

Kenneth F. Murrah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2002 407-644-9801

Date

Daytime Phone #

CR2E034 (9/01)