

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **485277**

1. Entity Name
MURRAY'S FOOD MART, INC.



FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90208 048 ***150.00

Principal Place of Business
**55 MEDALIST CT
ROTONDA WEST FL 33947
US**

Mailing Address
**55 MEDALIST CT
ROTONDA WEST FL 33947
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1605383**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURRAY, LILLIAN
55 MEDALIST CT
ROTONDA WEST FL 33947**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURRAY, LILLIAN	
STREET ADDRESS	55 MEDALIST CT	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAYES, GAIL	
STREET ADDRESS	P.O. BOX 320 N/A	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURRAY, JACK E	
STREET ADDRESS	55 MEDALIST CT	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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: Lillian Murray (LILLIAN MURRAY) PRES. 2/13/03 944-697-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)