

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**  
03-15-2000 90105 043 \*\*\*150.00

**DOCUMENT # 504604**

1. Entity Name

**HRM & COMPANY**

Principal Place of Business

1135 SE 32 AVE.  
STE 700  
OCALA FL 34471  
US

Mailing Address

1135 SE 32 AVE  
OCALA FL 34471-2553  
US

2. Principal Place of Business

**310 S.E. 20 TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 775**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**OCALA, FLORIDA**

City & State  
**SILVER SPRINGS, FLORIDA**

4. FEI Number **59-1674209**

Applied For  
Not Applicable

Zip  
**34471**

Country  
**USA**

Zip  
**34489**

Country  
**USA**

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

**MURPHY, HARRISON R.**  
**1135 SE 32 AVE.**  
**OCALA FL 34471**

Name  
**MURPHY, HARRISON R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**310 S.E. 20 TERRACE**

City **OCALA** **FL** Zip Code **34471**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<b>P</b> <b>MURPHY, HARRISON R.</b> <b>1135 SE 32 AVE.</b> <b>OCALA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>310 S.E. 20 TERRACE</b> <b>OCALA, FLORIDA 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MURPHY, HARRISON, R</b> <b>1135 SE 32 AVE.</b> <b>OCALA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>310 S.E. 20 TERRACE</b> <b>OCALA, FLORIDA 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **HARRISON R. MURPHY** **02/08/2000 1-800-511-3864**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)