2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698842

1. Entity Name

CITY - ST - ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

JACK MURRAY CONSTRUCTION CONSULTANT, INC.

Principal Place of Business Mailing Address C/O JACK MURRAY C/O JACK MURRAY 471 28TH COURT 471 28TH COURT VERO BEACH FL 32968 VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2115601 Not Applicable Ζiρ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACK MURAY Street Address (P.O. Box Number is Not Acceptable) 471 27TH COURT 471 28TH COURT VERO BEACH FL 32968 Zip Code 200 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 tife if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DST TITLE ☐ Delete TITLE Change Addition NAME MURRAY, FANNIE Y NAME STREET ADDRESS 471 27TH CT STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 00000 CITY - ST- ZIP TITLE ☐ Delete Change Addition NAME MURRAY, JACK STREET ADDRESS STREET ADDRESS 471 27TH CT CITY-ST-ZIP VERO BEACH, FL 00000 CITY-S1-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS

CITY ST-ZIP

Sec. 1 Dres. 2-26-01 561-567-0143

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 logal effect as if made under eath; 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 12.1

FILED

Mar 01, 2001 8:00 am Secretary of State

03-01-2001 91332 014 ***150.00

CR2E034 (10/00)