

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000256**

1. Entity Name  
**MURRAY - AMS, LTD.**



Principal Place of Business  
**941 S.W. 8TH STREET  
POMPAÑO BEACH FL 33069**

Mailing Address  
**941 S.W. 8TH STREET  
POMPAÑO BEACH FL 33069**

FILED

03 SEP 19 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City & State

City & State

4. FEI Number **65-0476096**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MURRAY, JOHN E  
941 S.W. 8TH STREET  
POMPAÑO BEACH FL 33069**

Name

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

**000022702880  
09/02/03--01069--007 \*\*141.25**

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.

DATE

9. Capital Contributions  
as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **MURRAY, JOHN E**  
STREET ADDRESS **941 S.W. 8TH STREET**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

STREET ADDRESS

CITY-ST-ZIP

**000022702880  
09/19/03--01038--001 \*\*400.00**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**John E. Murray 8-25-03 954-782-0951**

Date

Daytime Phone #

CR2E003 (4/03)

000037 AT