2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State
02-14-2001 90029 010 ***150.00

DOCUMENT # F74993

1. Entity Name
MURRAY HILL INVESTMENTS, INC.
Please change address:

Principal Place of Business	Mailing Address
~~1200 CASSAT AVE~~ PO Box 239	~~1200 CASSAT AVE~~ PO Box 239
~~JACKSONVILLE FL 32205~~ Bryceville, Fl, 32009	~~JACKSONVILLE FL 32205~~ Bryceville Fl 32009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 239	PO Box 239
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bryceville, Fl.	City & State: Bryceville, Fl.
Zip: 32009-0239 Country: Duval	Zip: 32009-0239 Country: Duval

4. FEI Number 59-2181984 ☐ Applied For ☐ Not Applicable

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
SCARBOROUGH, WAYNE T. 1200 CASSAT AVENUE JACKSONVILLE FL 32205	Name: Street Address (P.O. Box Number is Not Acceptable): 905 Park Ave Suite 102 City: Orange Park FL Zip Code: 32073

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, 2001 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	PD	☐ Delete	TITLE	Same	☑ Change ☐ Addition
NAME	SCARBOROUGH, WAYNE T.		NAME	Same	
STREET ADDRESS	1200 CASSAT AVE.,		STREET ADDRESS	P.O. Box 239	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Bryceville, Fl. 32009	
TITLE	VD	☐ Delete	TITLE	Same	☑ Change ☐ Addition
NAME	SCARBOROUGH, ROBERTA L.		NAME	Same	
STREET ADDRESS	1200 CASSAT AVE.,		STREET ADDRESS	P.O. Box 239	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Bryceville, Fl. 32009	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: Roberta L Scarborough 1/29/01 1-266-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #