2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90080 032 ***150.00

DOCUMENT # G96832

1. Entity Name
RICHARD A. MURNO, P.A.

Principal Place of Business	Mailing Address
~~3701 TAMIAMI TRAIL~~ ~~PO BOX 380083~~ ~~PORT CHARLOTTE FL 33952~~ ~~US~~	~~PO BOX 380083~~ PO BOX 380083 MURDOCK FL 33938 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1777 TAMIAMI TRAIL	
Suite, Apt. #, etc. P.O. BOX 380083	Suite, Apt. #, etc.
City & State MURDOCK FL	City & State
Zip 33938 Country USA	Zip Country

4. FEI Number 59-2390548 ☐ 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
MACRIS, STEVEN W. 609 S. TAMIAMI TRAIL VENICE FL 34285	Name Street Address (P.O. Box Number is Not Acceptable) City 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.

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MURNO, RICHARD A. ~~3701 TAMIAMI TRAIL~~ ~~PORT CHARLOTTE FL 33952~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change (ADDRESS ONLY) ☐ Addition P.O. BOX 380083 MURDOCK, FL 33938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

Richard A. Murno, RICHARD A. MURNO, PRES. 4-25-01 (941) 627-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)