

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90298 003 ***150.00

DOCUMENT # H01792

1. Entity Name
MUIRFIELD, INC.



Principal Place of Business
**28739 STATE ROAD 54 W
WESLEY CHAPEL FL 33543-4231
US**

Mailing Address
**28739 STATE ROAD 54 W
WESLEY CHAPEL FL 33543-4231
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2419050**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PARKS, RONALD R
28739 STATE ROAD 54 W
WESLEY CHAPEL FL 33543-4231**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	PARKS, RONALD R	
STREET ADDRESS	3405 MORRISON AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	DCV	☐ Delete
NAME	PARKS, JACK W	
STREET ADDRESS	12720 CASEY RD	
CITY-ST-ZIP	TAMPA FL 33624-4502	
TITLE	V.	☐ Delete
NAME	COUEY, STEVEN W	
STREET ADDRESS	18112 LONGWATER RUN DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	DST	☐ Delete
NAME	SUAREZ, JEFFREY J	
STREET ADDRESS	12718 CASEY RD	
CITY-ST-ZIP	TAMPA FL 33624-4502	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra L. Campos **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 01/24/03 (813) 907-7800 **Date Daytime Phone #**

CR2E034 (10/02)