2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90127 013 ***158.75

DOCUMENT # H33532

1. Entity Name
MURPHY HOMES, INC.

Principal Place of Business	Mailing Address
~~138 JUNIPER TRAIL~~ ~~OCALA FL 34480~~ US	PO BOX 4469 OCALA FL 34478-4469

2. Principal Place of Business	3. Mailing Address
4929 SW 2nd Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl.	City & State
Zip: 34474 Country	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2471809 ☐ 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
MURPHY, JERRY ~~138 JUNIPER TRAIL~~ ~~OCALA FL 34480~~ See new address change →	Name Street Address (P.O. Box Number is Not Acceptable) 4929 SW. 2nd Court City Ocala FL Zip Code 34474

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURPHY, JERRY ~~138 JUNIPER TRAIL~~ OCALA FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4929 S.W. 2nd Court Ocala Fl. 34474
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MURPHY, BARBARA S ~~138 JUNIPER TRAIL~~ OCALA FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4929 SW 2nd Court Ocala, Fl. 34474
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MURPHY KAUFMAN, KATHRYN 4900 SW 1ST AVE OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KAUFMAN, MICHAEL J 4900 SW 1ST AVE OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Barbara S. Murphy V.P Barbara S. Murphy 1-20-03 352-873-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #