

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90275 004 ***150.00

DOCUMENT # J81434

1. Entity Name

Murphy's Of Pensacola, Inc.

Principal Place of Business 9760 N. Davis Hwy. Pensacola, Fl 32514	Mailing Address 9760 N. Davis Hwy. Pensacola, Fl 32514
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2. Principal Place of Business 2668 Tinosa Circle Suite, Apt. #, etc.	3. Mailing Address 2668 Tinosa Circle Suite, Apt. #, etc.
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City & State Pensacola, Fl	City & State Pensacola, Fl
Zip 32526	Zip 32526
Country Escambia	Country Escambia

4. FEI Number 59-2830332	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

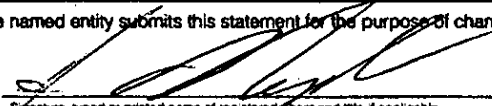
6. Name and Address of Current Registered Agent

Matthews, Edsel F., Jr.
 308 South Jefferson St.
 Pensacola, Fl 32501

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.

SIGNATURE  **5-1-01**
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

TITLE PD	☐ Delete
NAME Murphy, Jim	
STREET ADDRESS 2668 Tinosa Circle	
CITY-ST-ZIP Pensacola, Fl	

TITLE D	☐ Delete
NAME Murphy, Sheila R.	
STREET ADDRESS 2668 Tinosa Circle	
CITY-ST-ZIP Pensacola, Fl	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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
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STREET ADDRESS	
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CITY-ST-ZIP	

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

CR2E034 (1/1/00)

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 officers empowered.

5/1/01

SIGNATURE:  **Jimmie Murphy (Pres)** **850-944-2935**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(3.01)

Daytime Phone #