

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000554

1. Entity Name

R.P. MCMURPHY'S LIMITED COMPANY

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90580 046 ****50.00

Principal Place of Business

1301 RIVERPLACE BLVD., STE 1609
JACKSONVILLE FL 32207

Mailing Address

1301 RIVERPLACE BLVD., STE 1609
JACKSONVILLE FL 32207

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

59-3635313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEEK III, EUGENE G
1301 RIVERPLACE BLVD., STE 1609
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PEEK III, EUGENE G ☒ Delete
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1609
CITY-ST-ZIP JACKSONVILLE FL

TITLE MGR
NAME ALTERS, JOAN S. ☐ Change ☒ Addition
STREET ADDRESS 798 South 3rd Street
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joan S. Alters (Joan S. Alters)

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)