

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90939 028 ****50.00

DOCUMENT # L01000010318

1. Entity Name

MUREX RISK SERVICES, LLC

Principal Place of Business

1115 U.S. HIGHWAY 98, SOUTH
 LAKELAND FL 33802

Mailing Address

P.O. BOX 468
 LAKELAND FL 33802

2. Principal Place of Business

1101 PINELLAS BAYWAY

Suite, Apt. #, etc.

SUITE 302

3. Mailing Address

1101 PINELLAS BAYWAY

Suite, Apt. #, etc.

SUITE 302

City & State

TIERRA VERDE, FL

City & State

TIERRA VERDE, FL

Zip

33715

Country

USA

Zip

33715

Country

USA

4. FEI Number

59-3726889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, JAMES C JR.
 1115 U.S. HIGHWAY 98, SOUTH
 LAKELAND FL 33802

7. Name and Address of New Registered Agent

Name

BRENDA K. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

1101 PINELLAS BAYWAY, SUITE 302

City

TIERRA VERDE

FL

Zip Code

33715

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

Brenda K. Johnson

3/20/02

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

TITLE MGR
 NAME LANIER UPSHAW, INC.
 STREET ADDRESS 1115 U.S. HIGHWAY 98, SOUTH
 CITY-ST-ZIP LAKELAND FL 33802 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
 NAME BRENDA K. JOHNSON ☐ Change ☒ Addition
 STREET ADDRESS 1101 PINELLAS BAYWAY, SUITE 302
 CITY-ST-ZIP TIERRA VERDE, FL 33715

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

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

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

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

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

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:

BRENDA K. JOHNSON

3/20/02

(727) 864-3669

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

Date

Daytime Phone #

0037601

CR2E083 (9/01)