

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90015 040 ***150.00

DOCUMENT # M91742

1. Entity Name
MURPHY REALTY & INVESTMENTS, INC.

Principal Place of Business

**4964 HWY 90 SUITE A
 PACE FL 32571
 US**

Mailing Address

**4964 HWY 90 SUITE A
 PACE FL 32571
 US**

2. Principal Place of Business

3. Mailing Address

2620 N 12TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

Country

Zip

Country

32503

4. FEI Number **59-2902615**

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

**BASS & SANDFORT ACCOUNTANTS INC.
 127 E. ZARAGOZA ST.
 #208
 PENSACOLA FL 32501**

Name

BASS & SANDFORT ACCOUNTANTS INC.

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

2620 N 12TH AVE

City

PENSACOLA

FL

Zip Code

32503

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
 NAME **MURPHY, BOBBY R**
 STREET ADDRESS **3900 BELLOMY STREET**
 CITY-ST-ZIP **PACE FL 32571**

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

TITLE **DPST** ☐ Delete
 NAME **MURPHY, ROBERT**
 STREET ADDRESS **4936 HWY 90**
 CITY-ST-ZIP **PACE FL 32571**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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 like empowered.

SIGNATURE:

ROBERT H. MURPHY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

950-494-8523

Date

Daytime Phone #

CR2E034 (9/01)