

2001 UNIFORM BUSINESS REPORT (UBR)

0125946 AT

DOCUMENT # **P00000011153**

1. Entity Name
MURRELL'S CLEANING SERVICE INC.

Principal Place of Business
**2450 2ND AVENUE WEST
PALMETTO FL 34221**

Mailing Address
**P.O. BOX 1264
BRADENTON FL 34206**

2. Principal Place of Business
13624 3rd Ave NE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1264
Suite, Apt. #, etc.

City & State
Bradenton FL
Zip
34212

Country
Manatee

City & State
Bradenton FL
Zip
34206

Country
Manatee

4. FEI Number
65-0981301

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MURRELL, DOROTHY A
2450 2ND AVENUE WEST
PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code
34212

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 **Dorothy Murrell** **Dorothy Murrell** **President**
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D/P MURRELL, DOROTHY A P.O. BOX 1264 BRADENTON FL 34206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
600004698306--4 -11/23/01--01049--009 ****750.00 ****750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dorothy Murrell** **Dorothy Murrell** **9/27/01** **941-249-5342**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
01 NOV -5 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

RE VARNADORE NOV 28 2001

CR2E034 (5/01)