FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90043 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024365

1. Entity Name
S.T. MURRAY, INC.

[redacted]

90140057

[redacted]

Principal Place of Business
1010 WILDWOOD RD.
PANAMA CITY BEACH, FL 32407

Mailing Address
1010 WILDWOOD RD.
PANAMA CITY BEACH, FL 32407

2. Principal Place of Business: 1229 CAPRI DR
Suite, Apt. #, etc.: PANAMA CITY
City & State: PANAMA CITY FL
Zip: 32405 Country: USA

3. Mailing Address: 1229 CAPRI
Suite, Apt. #, etc.
City & State: PANAMA CITY FL
Zip: 32405 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3627431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SAMUELS, CYNTHIA
7021 WEST HWY.98
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent
Name: SAME
Street Address (P.O. Box Number Is Not Acceptable): 8730 THOMAS DR UNIT 1110 A
City: PANAMA CITY BCH FL Zip Code: 32407

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRAY, SCOTT T PRES 1010 WILDWOOD RD. PANAMA CITY BEACH, FL 32407 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1229 CAPRI DR PANAMA CITY FL 32405
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SAMUELS, CYNTHIA 7021 WEST HWY 98 PANAMA CITY BEACH,, FL 32407 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 8730 THOMAS DR UNIT 1110A PANAMA CITY BEACH FL 32407
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #