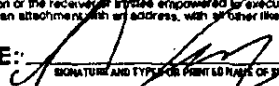


FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90043 005 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024365			
1. Entity Name S.T. MURRAY, INC.			
Principal Place of Business 1010 WILLOWOOD RD. PANAMA CITY BEACH, FL 32407		Mailing Address 1010 WILLOWOOD RD. PANAMA CITY BEACH, FL 32407	
2. Principal Place of Business 1229 CAPRI DR Suite, Apt. #, etc. PANAMA CITY		3. Mailing Address 1229 CAPRI Suite, Apt. #, etc. PANAMA CITY	
City & State PANAMA CITY FL		City & State PANAMA CITY FL	
Zip 32405		Zip 32405	
Country USA		Country USA	
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 JAMES Street Address (P.O. Box Number is Not Acceptable) 8730 THOMAS DR UNIT 1110A PANAMA CITY BEACH FL 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 Signature, type or printed name of registered agent and date of signature. (MORE Registered Agents (agents required when changing) DATE			
FILE NOW! FEE IS \$150.00 ARAC MAY 15 2003 FEE WILL BE \$150.00 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 MURRAY, SCOTT T PRES 1010 WILLOWOOD RD. PANAMA CITY BEACH, FL 32407		TITLE NAME STREET ADDRESS CITY-ST-ZIP 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP 8730 THOMAS DR UNIT 1110A PANAMA CITY BEACH FL 32407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.			
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer Phone #			

CR2034 (10/02)