

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90004 029 ***550.00

DOCUMENT # P00000025393

1. Entity Name
MURPHY FURNITURE CONSULTANTS, INC.

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Principal Place of Business Mailing Address
 21761 BANYANWOOD RD. 21761 BANYANWOOD RD.
 BOCA RATON FL 33433 BOCA RATON FL 33433

A0074072



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 21761 Banyanwood Rd 21301 Powerline Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 300 300
 City & State City & State
 BOCA RATON FL BOCA RATON FL
 Zip Country Zip Country
 33433 USA 33433 USA

4. FEI Number Applied For
 605-1000-891 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
 MURPHY, MICHAEL P Name
 21761 BANYANWOOD RD. Street Address (P.O. Box Number is Not Acceptable)
 BOCA RATON FL 33433 City FL Zip Code

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]* DATE 6/14/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MICHAEL P 21761 BANYANWOOD RD. BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* 6/14/01 561-558-9160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)