May 16, 2001 8:00 am Secretary of State FILED **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P00000028145 05-16-2001 90039 017 ***150.00 SMS MURPHY PROPERTIES, INC. Principal Place of Business Mailing Address 921 G. 26TH AVENYE EAST 921 G. 26TH AVENYE EAST 048107 **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURPHY, SEAN Street Address (P.O. Box Number is Not Acceptable) 921 G, 26TH AVENYE EAST **BRADENTON FL 34208** City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete Change ☐ Addition TITLE TITLE MURPHY, SEAN NAME NAME STREET ADDRESS STREET ADDRESS 921 G, 26TH AVENYE EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAMĖ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 trusted 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 air other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition