

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042370

1. Entity Name  
MURDOCK SERVICES, INC.



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91908 016 \*\*\*150.00

Principal Place of Business  
14344 SE 131ST PLACE  
OCKLAWAHA FL 32182

Mailing Address  
PO BOX 1580  
OCKLAWAHA FL 32182



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		14344 SE 131st Pl	
City & State		City & State	
Ocklawaha, FL		Ocklawaha, FL	
Zip	Country	Zip	Country
32179		32179	Marion

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number		59-3644778		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURDOCK, DEBORAH J 14344 SE 131ST PLACE OCKLAWAHA FL 32182		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code 32179	

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 *Deborah J. Murdock* Registered Agent DATE 4/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PSO MURDOCK, DEBORAH J 14344 SE 131ST PLACE OCKLAWAHA FL 32182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MURDOCK, MICHAEL L 14344 SE 131ST PLACE OCKLAWAHA FL 32182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Deborah J. Murdock* DATE 4/29/03 DAYTIME PHONE # 352/680-3555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)