

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081462

1. Entity Name

RUDY MURRAY MECHANICAL, INCORPORATED

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90010 025 ***158.75

Principal Place of Business

5859 LONGBRANCH ROAD
JACKSONVILLE FL 32234

Mailing Address

5859 LONGBRANCH ROAD
JACKSONVILLE FL 32234

949020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7005 Keithan Rd
Suite, Apt. #, etc.
2

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEL Number

59-3670339

Applied For

Not Applicable

Zip

32220

Country

USA

Zip

Country

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

MURRAY, RUDY E
5859 LONGBRANCH ROAD
JACKSONVILLE FL 32234

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Rudy E Murray
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/01
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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 D ☐ Delete
NAME MURRAY, RUDY E
STREET ADDRESS 5859 LONGBRANCH ROAD
CITY-ST-ZIP JACKSONVILLE FL 32234

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MURRAY, PAMELA K
STREET ADDRESS 5859 LONGBRANCH ROAD
CITY-ST-ZIP JACKSONVILLE FL 32234

TITLE SECRETARY/DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MILLER, AMY E
STREET ADDRESS 6016 FRANCINE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32234

TITLE TREASURER/DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TROY A MILLER
STREET ADDRESS 6016 FRANCINE DR.
CITY-ST-ZIP JACKSONVILLE FL 32234

TITLE VICE-PRESIDENT/DIRECTOR ☐ Change ☒ Addition
NAME TROY A. MILLER
STREET ADDRESS 6016 FRANCINE DR.
CITY-ST-ZIP JACKSONVILLE, FL 32234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rudy E Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01
Date

(904) 695-1552
Daytime Phone #

CR2E034 (10/00)