

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90216 026 ***150.00

DOCUMENT # P00000094962

1. Entity Name
THREE MURPHY, INC.

Principal Place of Business
1104 N. COLLIER BOULEVARD
MARCO ISLAND FL 34145

Mailing Address
1104 N. COLLIER BOULEVARD
MARCO ISLAND FL 34145

2. Principal Place of Business
750 W. ELKCAM CIRCLE
 Suite, Apt. #, etc.
#317

3. Mailing Address
750 W. ELKCAM CIRCLE
 Suite, Apt. #, etc.
#317

City & State
MARCO ISLAND, FL

City & State
MARCO ISLAND, FL

Zip
34145

Country
COLLIER

Zip
34145

Country
COLLIER

4. FEI Number
65-1047297

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
C/O BERRY & GREUSEL
1104 N. COLLIER BOULEVARD
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name
RUSSELL E. MURPHY III
 Street Address (P.O. Box Number is Not Acceptable)
750 W. ELKCAM CIRCLE #317
 City
MARCO ISLAND **FL** Zip Code
34145

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 *Maria M. Murphy* **MARIA M. MURPHY - SEC. TREAS.** **2-8-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D			
	GREUSEL, JAMIE B	C/O 1104 N. COLLIER BOULEVARD	MARCO ISLAND FL 34145	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PRESIDENT				
	RUSSELL E. MURPHY II	750 W. ELKCAM CIRCLE #317	MARCO ISLAND, FL 34145		
	VICE PRESIDENT				
	RUSSELL E. MURPHY III	750 W. ELKCAM CIRCLE #317	MARCO ISLAND, FL 34145		
	SECRETARY & TREASURER				
	MARIA M. MURPHY	750 W. ELKCAM CIRCLE #317	MARCO ISLAND, FL 34145		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Maria M. Murphy* **MARIA M. MURPHY - SEC. TREAS.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-01

Date

941-389-5371

Daytime Phone #

0401294

CR2E034 (10/00)