

DOCUMENT # P01000011053

MUYRES & ASPINWALL ENTERPRISES, INC.



1409 KINGSLEY AVE
BLDG 2
ORANGE PARK FL 32073

PO BOX 2426
ORANGE PARK FL 32067

Suite, Apt #, etc.

City & State

Country

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

MUYRES, DAVID
2412 STOCKTON DR
GREEN COVE SPRINGS FL 32043

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. I am familiar with, and accept the obligations of registered agent.

DATE _____

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PST	<input type="checkbox"/> Delete
NAME	MUYRES, DAVID J	
STREET ADDRESS	2412 STOCKTON DRIVE	
CITY - ST - ZIP	ORANGE PARK FL 32073	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	U000000020738	
STREET ADDRESS	01/29/04-80081-006 150.00	
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ASPINWALL, ROBERT V	
STREET ADDRESS	8430 COMMONWEALTH AVENUE	
CITY - ST - ZIP	JACKSONVILLE FL 32220	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #