

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90074 003 \*\*\*150.00

0437413 AV

**DOCUMENT # P01000027920**

1. Entity Name  
**MUR MAN, INC.**



Principal Place of Business  
**9408 LAKE SERENA DR  
BOCA RATON FL 33496**

Mailing Address  
**9408 LAKE SERENA DR  
BOCA RATON FL 33496**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**WENDMAN, MURRAY**  
**9408 LAKE SERENA DR**  
**BOCA RATON FL 33496**

**4. FEI Number 65-1086328**

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>WENDMAN, MURRAY</b>     |                                 |
| STREET ADDRESS | <b>9408 LAKE SERENA DR</b> |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33496</b> |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                |  |
|----------------|----------------|--|
| TITLE          | <b>P, S, T</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                |  |
| STREET ADDRESS |                |  |
| CITY-ST-ZIP    |                |  |
| TITLE          |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                |  |
| STREET ADDRESS |                |  |
| CITY-ST-ZIP    |                |  |
| TITLE          |                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:** \_\_\_\_\_ **1/16/03** **861 866 5197**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)