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FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90067 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040057

1. Entity Name

MURRAY'S PAINTING CO.

Principal Place of Business

13014 N DALE MABRY STE 507
TAMPA FL 33618

Mailing Address

13014 N DALE MABRY STE 507
TAMPA FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3721936

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, LEE D
24120 LANDING DRIVE
LUTZ FL 33549

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when renaming)

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, 2002 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 D Delete
NAME MURRAY, MICHAEL S
STREET ADDRESS 8812 BRENNAN CIR #303
CITY-ST-ZIP TAMPA FL 33615

TITLE D Delete
NAME MURRAY, LEE D
STREET ADDRESS 24120 LANDING DRIVE
CITY-ST-ZIP LUTZ FL 33549

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *J. Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02 (813)918-8437

Date

Daytime Phone #

CR2E034 (9/01)