2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P01000045188

1. Entity Name

MUIRFIELD PARTNERS, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90321 001 ***450.00

Principal Plac 4022 MUIRFIE JACKSONVILL			Mailing Address 4022 MUIRFIELD COURT JACKSONVILLE FL 32225							
2. Principal Place of Business			3. Mailing Address					101 91101 11001		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City &	City & State			4. FEI Number 59-3716305 Applied Not App			7
Zip	Country			Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name a	and Address of Current	Registered	legistered Agent			7. Name and Address of New Registered Agent			
	- .	<u>.</u>	-		- Name -					1
NELSON,	TONY						,			
	RFIELD COU	DΤ		Street Address (P.			Box Number is Not Acceptable)			1
										┨
JACKSON	WILLE FL 32	225								
					City		FL	Zip Cod	ie	1
a The										4
	e named entity tions of registe		or the purpos	se or changing its re	egisterea office o	r registered a	gent, or both, in the State of Florida. I am fa	amiliar with,	апо ассері	
ino osniga	or regiote	oo agon.								
SIGNATURE										
	Signature, typed or	printed name of registered agent	and title if applica	able. (NOTE:	Registered Agent signal	ture required when	reinstating) DATE			
F	ILE NOW!!!	FEE IS \$150.00						A 4		
After May 1, 2003 Fee will be \$550.00							9. Election Campaign Financing Trust Fund Contribution.)0 May Be d to Fees	
Make Check	k Payable to	Florida Department o	of State				must fund Contribution.	Audel	1101663	
10.		OFFICERS AND	DIRECTORS	5	11.	A	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	1
TITLE	D			☐ Delete	TITLE			☐ Change	Addition	18
NAME	NELSON, T	ONY D			NAME					100
STREET ADDRESS		FIELD COURT			STREET ADDRESS					2
CITY-ST-ZIP		ILLE FL 32225			CITY-ST-ZIP					5
TITLE	D			Delete	TITLE			☐ Change	Addition	18
NAME	NELSON, J	ANICE R		L Delete	NAME			Ontarige		1
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CITY-ST-ZIP		ILLE FL 32225			CITY-ST-ZIP					
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G11-21-21					CITY-ST-ZIP					-
TITLE	I			☐ Delete	TITLE	I		☐ Change	Addition	1

12. I hereby certify that the information supplied with this filling 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 reserver or true e 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.

STREET ADDRESS

TITLE Name

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytime Pho

Daytime Phone #

42E034 (10/02