

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90080 001 \*\*\*150.00

05/03/02 14 A1

**DOCUMENT # P01000064645**

1. Entity Name  
**DIGGR MURRAY, INC.**

Principal Place of Business

~~4059 HAVERHILL ROAD~~ **226 NE 1<sup>st</sup> Ave**  
~~LAKE WORTH FL 33463~~ **Delray Beach, FL 33444**

Mailing Address

~~PO BOX 5416~~ **P.O. Box 246**  
~~LAKE WORTH FL 33466~~ **Delray Beach, FL 33447**

2. Principal Place of Business

**226 NE 1<sup>st</sup> Ave**  
 Suite, Apt. #, etc.

3. Mailing Address

**PO Box 246**  
 Suite, Apt. #, etc.

City & State

**Delray Beach, FL**

City & State

**Delray Beach**

4. FEI Number

**65-1119210**

Applied For

Not Applicable

Zip

**33444**

Country

**USA**

Zip

**33447**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, WILLIAM M**  
**4059 HAVERHILL ROAD**  
**LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**226 NE 1<sup>st</sup> Ave**

City

**Delray Beach**

**FL**

Zip Code

**33444**

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 reinstating)

**William Murray 4/30/02**

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 **DPT** ☐ Delete  
 NAME **MURRAY, WILLIAM M**  
 STREET ADDRESS **4059 HAVERHILL ROAD**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **S** ☐ Delete  
 NAME **MURRAY, TRACEY**  
 STREET ADDRESS **4059 HAVERHILL ROAD**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William Murray**

**4/30/02**

Date

**561 441 4198**

Daytime Phone #

CR2E034 (9/01)