

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90141 023 \*\*\*150.00

0416990 AV

**DOCUMENT #** P01000064645

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



**Principal Place of Business**  
226 N.E. FIRST AVENUE  
DELRAY BEACH FL 33444

**Mailing Address**  
PO BOX 246  
DELRAY BEACH FL 33447

11030078



**2. Principal Place of Business**

**3. Mailing Address**

385 SE Sandia Dr.  
Suite, Apt. #, etc.

PO Box 881611  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

**City & State**

Port St. Lucie, FL

**City & State**

Port St. Lucie, FL

**4. FEI Number**

65-1119210

**Applied For**

Not Applicable

**Zip**

34983

**Country**

USA

**Zip**

34988

**Country**

USA

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

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

MURRAY, WILLIAM M

226 N.E. FIRST AVENUE

DELRAY BEACH FL 33444

385 SE Sandia Dr.  
Port St. Lucie, FL  
34983

**Name**

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

385 SE Sandia Dr.

**City**

Port St. Lucie

**FL**

**Zip Code**

34983

**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** William M. Murray, DPT

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

oops! DO NOT DELETE

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** DPT  
**NAME** MURRAY, WILLIAM M  
**STREET ADDRESS** 4050 HAVERHILL ROAD  
**CITY-ST-ZIP** LAKE WORTH FL 33463

☐ Delete

385 SE Sandia Dr.  
Port St. Lucie, FL  
34983

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

☒ Change

☐ Addition

**TITLE** S  
**NAME** MURRAY, TRACEY  
**STREET ADDRESS** 4050 HAVERHILL ROAD  
**CITY-ST-ZIP** LAKE WORTH FL 33463

☐ Delete

385 SE Sandia Dr.  
Port St. Lucie, FL  
34983

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

☒ Change

☐ Addition

**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**

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☐ Change

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☐ Delete

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**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

☐ Change

☐ Addition

**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:**

Tracey Murray, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

4/28/03

**Daytime Phone #**

772 873 5590

CR2E034 (10/02)