

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90077 030 ***158.75

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1. Entity Name
MURPHY REALTY CORP.



Principal Place of Business
**2375 ST JOHNS BLUFF ROAD S
SUITE 106
JACKSONVILLE FL 32246**

Mailing Address
**2375 ST JOHNS BLUFF ROAD S
SUITE 106
JACKSONVILLE FL 32246**



2. Principal Place of Business

**9471 Baymeadows Rd
Suite 301**

3. Mailing Address

**9471 Baymeadows Rd
Suite 301**

☒ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3730755

Applied For
☐ Not Applicable

Zip
32256

Country
USA

Zip
32256

Country
USA

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

6. Name and Address of Current Registered Agent

**MURPHY, DONNA M.
2375 ST JOHNS BLUFF ROAD S
SUITE 106
JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

Name **Donna M. Murphy**
Street Address (P.O. Box Number is Not Acceptable)
9471-301 Baymeadows Rd.
City **Jacksonville** FL Zip Code **32256**

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 **Donna M. Murphy** **Donna M. Murphy President**
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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **MURPHY, DONNA M**
STREET ADDRESS **8145 SUMMIT RIDGE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VS** ☐ Delete
NAME **MURPHY, JOHN L**
STREET ADDRESS **8145 SUMMIT RIDGE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

11. 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

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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: **Donna M. Murphy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

(904) 731-2900

CR2E034 (10/02)