## FILED

## 2002 LINIFORM RUSINESS REPORT (LIRR)

DOCUMENT # P01000107218  1. Entity Name ROBERT G. MURRELL, P.A.							Feb 14, 2002 8:00 am Secretary of State 02-14-2002 90092 045 ***150.00			
Principal Plac ONE NORTH I ORLANDO FL	ROSALIND AV		Mailing Address ONE NORTH ROSALIND AVE ORLANDO FL 32779					: 		
2. Principal P	lace of Busin	ness	3. Mailing Address			•				
Swite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State				FEI Number 59 34 30 50 6		oplied For	]
Zip Country		Country	Zip Count		try		5. Certificate of Status Desired S8.75 Addit Fee Required			
-	6. Name	and Address of Current F	Registered Agent		News	7. 1	Name and Address of New Register	ed Agent		
	, Robert (				Name Street Address (P.O. Box Number is Not Acceptable)					
ONE NORTH ROSALIND AVE ORLANDO FL 32779										
ORLANDO	) FL 32//9				City		<u> </u>	Zip Cod	e	
SIGNATURE _	Signature, typed	y submits this statement for which the statement of registered agent are to satisfy its Intangible		TE: Registere	d Agent signature	required when re	Ī			
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2 Make Check Paya	will be \$55	0.00 of State					
11.		OFFICERS AND D		12.		ΑC	DITIONS/CHANGES TO OFFICERS A			=
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE NOR	, robert g Th rosalind ave ) Fl 32779	☐ Delete					☐ Change	☐ Addition	2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	!		☐ Delete		<b>I</b>			☐ Change	☐ Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	v	, <del>-</del> .	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	alife al	information	□ Delete	CITY	E ET ADORESS -ST-ZIP	d in Cont	119.07(3)(i), Florida Statutes. I further	Change	Addition	 

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 eath; 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:

ROBERT G., MURRELL REQUIRED SUCCESSION OFFICER OR DIRECTOR

407-843-8500