2602 UNIFORM BUSINESS REPORT (UBR)					FILED Apr 23, 2002, 8:00 am			
DOCUMENT # P01000118640  1. Entity Name PAUL J MURRAY CPA, P.A.					Apr 23, 20 Secretary 04-23-2002 9041			
	ation ave ste 500 2/3 N FL 34747	Mailing Address 216 CELEBRATION AVE CELEBRATION FL 34747				*1 <b>#8</b> 2 1 <b>788</b> 2 <b>2017</b> 8 <b>8</b> 117		
2. Principal Place of Business 215 CELEBRATION PLACE 3. Mailing Address 215 CELEBRA			RATION PLACE				i Birii Taii illi	
Suite, Apt. #, SUITE 500 Suite, Apt. #, etc. SUITE			ITE 500 ION, FL 34747		DO NOT WRITE IN THIS SPACE			
City & Star	de .	City & State		<b>4.</b> f	FEI Number 3759 61:		pplied For ot Applicable	
Zip 34	747 Country	34747	Country 5	5. (	Certificate of Status Desired	- <b>\$8.75</b> Ad Fee Require		
	6. Name and Address of Current I	Registered Agent		4	Name and Address of New Registe	red Agent		
/ MURRAY	, PAUL J	•	Name	PAUL J. MURRAY				
216 CELEBRATION AVE STE 500			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
CELEBRA	ATION FL 34747	•		21	15 CELEBRATION PLACE			
			City	с		FL Zip Coo	le	
SIGNATURE	named eathy susmits this statement for	1	s registered office or reg	gistered ag	ent, or both, in the State of Florida.	i Jo~	<i>,</i>	
Tax filing	pration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 20	III FEE IS \$150.00 102 Fee will be \$550. ble to Department of		Election Campaign Financing     Trust Fund Contribution.	_ ~~	00 May Be d to Fees	
11.	OFFICERS AND DIRECTOR	T1-L-	12.	AD	DITIONS/CHANGES TO OFFICERS			
NAME STREET ADDRESS CITY-ST-ZIP	PAR OMSKRAY	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	215 CELEBRATION,	00 FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANE AT MERKAY	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	215 CELEBRATIO SUITE 50 CELEBRATION, F	Λ	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	11-0	☐ Delete	, TITLE			☐ Change	☐ Addition	

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 of 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

	Department of the Treasury Internal Revenue Service MEMPHIS TN  37501-0038  Date of this Taxpayer in Form:	
		For assistance you may call us at:
<u> </u>		1-800-829-1040
	PAUL J MURRAY CPA P A 215 CELEBRATION PL STE 500 CELEBRATION FL 34747-5400259	Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.
. •	NOTICE OF ACCEPTANCE AS AN S-	-CORPORATION
	YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WIDE VERIFICATION IF WE EXAMINE YOUR RETURN.	
	IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 1 THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE	L HAVE BEEN CHANGED FOR ONE OF 15TH DAY OF THE THIRD MONTH OF THAT TAX YEAR, OR THE ELECTION
	PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS ACCEPTANCE AS AN S-CORPORATION.	AS VERIFICATION OF YOUR
• ₹	IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMINELP YOU; HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THE OFFICE AT THE ADDRESS SHOWN ON THE	ACTIONS WE HAVE TAKEN, PLEASE
	IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE N TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOU BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE THANK YOU FOR YOUR COOPERATION.	NUMBER AND THE MOST CONVENIENT UR INQUIRY. PLEASE RETURN THE

Keep this part for your records

Overlay 5 Form **8489** (Rev.8-9

teturn this part to us wi	th your check or inquiry
Your telephone number	Best time to call
( ) - <u> </u>	1

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500515

29953-471-02738-2

INTERNAL REVENUE SERVICE MEMPHIS TN 37501-0038