## 2002 UNIFORM BUSINESS REPORT (UBR)

I hereby certify that the information sy indicated on this report or supplement of the corporation or the receiver of

changed, or on an attachment w

SIGNATURE:

## Jul 15, 2002 8:00 am Secrétary of State P93000051811 DOCUMENT # 1. Entity Name 07-15-2002 90188 041 \*\*\*150 00 PAUL A. MURRAY, P.A. Mailing Address Principal Place of Business AATSABBS5117 CASTELLO DR. 5117 CASTELLO DR. SHITE 2 SHITE 2 NAPLES FL 34103 NAPLES FL 34103 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0430481 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, PAUL A. Street Address (P.O. Box Number is Not Acceptable) 5117 CASTELLO DRIVE, SUITE 2 NAPLES FL 34103 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE MURRAY, PAUL A NAME NAME 5117 CASTELLO DR. SUITE 2 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIE CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change ☐ Addition Delete -TITLE -TITLE 🐎 🗕 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information al 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

The Law Office of

B0129002

## PAUL A. MURRAY, P.A.

5117 Castello Drive, Suite 2 Naples, Florida 34103

Paul A. Murray\*

•admitted in Florida, Michigan and the U.S. Supreme Court

Telephone

(941) 430-0000

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July 9, 2002

Ms. Madeline Barrett **Division of Corporations** Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE:

Paul A. Murray, P.A.

Document # P93000051811

Dear Ms. Barrett:

Pursuant to your telephone conversation with our Legal Secretary, Ernestina Benedetto, enclosed please find:

- Our check number 2371, in the amount of \$150.00, replacing check 1. number 2198, issued March 8, 2002, in conjunction with the initial filling of the 2002 UBR; and
- Duplicate original 2002 UBR. 2.

As discussed, the original documents were mailed on or about March 11, 2002, and were apparently misdirected somewhere at the Division of Corporations as they have not been returned to our office.

Thank you for your attention and cooperation in this matter. If you should have any questions, please do not hesitate to contact my office.

Very truly yours,

Paul A. Murray, P.A.

Leslie A. Lebmann

Paralegal

/lal

**Enclosures As Noted**