

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91617 039 ***150.00

DOCUMENT # P93000060389

1. Entity Name

JOHN MURNANE, INC.

Principal Place of Business

**800 CYPRESS POINTE DRIVE EAST
PEMBROKE PINES FL 33027**

Mailing Address

**800 CYPRESS POINTE DRIVE EAST
APT. 102
PEMBROKE PINES FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0434204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAKLER, HUGH S.
1636 SW 148TH TERR
PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MURNANE, JOHN J JR**
STREET ADDRESS **800 CYPRESS POINTE DRIVE EAST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **T** ☐ Delete
NAME **CHAKLER, HUGH S**
STREET ADDRESS **1636 SW 148TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ Delete
NAME **ROGERS, JOHN**
STREET ADDRESS **5425 COVE CIRCLE**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **D** ☐ Delete
NAME **MURNANCE, PATRICIA ANN**
STREET ADDRESS **5733 DEAUVILLE CIRCLE APT G-304**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Delete
NAME **MURNANCE, JOHN**
STREET ADDRESS **5733 DEAUVILLE CIRCLE APT G304**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Delete
NAME **MURNANCE, GERALDINE**
STREET ADDRESS **5733 DEAUVILLE CIRCLE G-304**
CITY-ST-ZIP **NAPLES FL**

12. 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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)