

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003428

1. Entity Name

M. K. MURPHY, D.C., P.A.

FILED
Aug 14, 2000 8:00 am
Secretary of State

08-14-2000 90001 017 ***550.00

Principal Place of Business

201 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

201 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

707 BALLARD ST.

Suite, Apt. #, etc.

SUITE 1001

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

USA

3. Mailing Address

707 BALLARD ST.

Suite, Apt. #, etc.

SUITE 1001

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3220075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, M.K.
201 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MURPHY, M.K.
201 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

707 BALLARD ST. SUITE 1001
ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

8/10/02 (407) 339-7676

CE2EN24 (5/00)