

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039890

1. Entity Name

MURPHY PAINTING, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90233 001 ***150.00

Principal Place of Business

3324 LAKEVIEW DR
 DELRAY BEACH FL 33445
 US

Mailing Address

3324 LAKEVIEW DRIVE
 DELRAY BEACH FL 33445-5766
 US

2. Principal Place of Business

3324 LAKEVIEW DR
 Suite, Apt. #, etc.

3. Mailing Address

3324 LAKEVIEW DR
 Suite, Apt. #, etc.

City & State

DELRAY BCH FL

City & State

DELRAY BCH FL

4. FEI Number

65-0583844

Applied For

Not Applicable

Zip

33445

Country

PBC

Zip

33445

Country

PBC

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MURPHY, WALTER J 3324 LAKEVIEW DR DELRAY BCH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

WALTER J MURPHY

Date

4-10-00

Daytime Phone #

561-638-8377

CR2E034 (9/99)