

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90057 029 ***150.00

DOCUMENT # P95000070779

1. Entity Name

J.E. MURPHY COMPANY PREMIUM FINANCE, INC.

Principal Place of Business

**572 E MCNAB RD
 POMPANO BEACH FL 33060
 US**

Mailing Address

**P. O. BOX 6068
 FT. LAUDERDALE FL 33310-6368
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 6368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Lauderdale FL

4. FEI Number

65-0618284

Applied For

Not Applicable

Zip

Country

Zip

Country

33310-6368 USA

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

PAULSON, CLAUDETTE

572 EAST MCNAB ROAD

POMPANO BEACH FL 33060

Name

Correct last name to Paulsen

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DAS
 MURPHY, JAMES L
 2200 NE 33RD AVE 16B
 FT LAUDERDALE FL 33305**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MURPHY, J E
 4536 E FOOTHILL DR
 PARADISE VALLEY AZ 85253**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 CARRIE, LORRAINE
 1597 NE 26TH COURT
 POMPANO BEACH FL 33064**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ROBINSON, C. CLIFTON
 815 FOREST OAKS CIRCLE
 WACO TX 76710**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ROBINSON, GORDON B
 2121 RIDGEWOOD DR
 WACO TX 76710**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PST
 VANEK, GREGORY D
 3030 BOSQUE RIDGE RD.
 CRAWFORD TX 76638**

☐ Delete

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**WACO TX 76712
 DV**
☒ Change ☐ Addition

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

CR2E034 (9/01)

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:

Gordon B. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

254-756-4411

Daytime Phone #

Ext 309

11. Officers and Directors

Title	TS
Name	Stanton, William C.
Street Address	9907 Sandalwood
City-St-Zip	Waco, Texas 76712

Attachment

*# 0050000 70778
787223*