2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am DOCUMENT # P95000077274 **Secretary of State** ED MURPHY LANDSCAPING, INC. 02-08-2001 90059 028 ***150.00 Principal Place of Business Mailing Address 2004 37TH STREET WEST 2004 37TH STREET WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0620089 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURPHY, EDWARD G Street Address (P.O. Box Number is Not Acceptable) 2004 37TH STREET WEST **BRADENTON FL 34205** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE ☐ Defete TITLE MURPHY, EDWARD G NAME NAME STREET ADDRESS 2004 37TH STREET WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34205** ☐ Addition ☐ Change TITLE ☐ Delete TITLE MURPHY, EILEEN NAME NAME 2004 37TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Change Addition TITLE ☐ Delete TITLE MURPHY, KEVIN J ---NAME ---NAME 2004 37TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 (