## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P95000080617 1. Entity Name 03-08-2001 90094 041 \*\*\*150.00 H. L. Murphy, Inc. Mailing Address Principal Place of Business 2801 N. Roosevelt Blvd. 3300 Riviera Drive Key West, FL 33040 Key West, FL 33040 A0029769 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0619485 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent James E. Stewart Street Address (P.O. Box Number is Not Acceptable) Murphy, Harold L. 1214 Olivia Street Key West, FL 33040 3300 Riviera Drive Zip Code Key West 33040 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. <u> 3- 1-01</u> (NOTE: Registered Agent signature required when reinstating) nt and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change X Addition TITLE Delete TITLE DPST NAME NAME Murphy, Harold L James E. Stewart STREET ADDRESS STREET ADDRESS 1214 Olivia Street 3300 Riviera Drive, Key West, FL 33040 CITY-ST-ZIP CITY-ST-ZIP Kev West, FL 33040 Addition Change X Delete STNAME NAME James E. Stewart STREET ADDRESS STREET ADDRESS P.O. Box 1297 CITY-ST-ZIP CITY-ST-ZIP Key West, FL 33041 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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 port 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**