

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90144 022 \*\*\*150.00

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**DOCUMENT # P95000090223**

1. Entity Name

**MURRELL BARNES ONE, INC.**



Principal Place of Business

~~65 E. NASA BLVD.~~

~~STE 202~~

~~MELBOURNE FL 32904~~

Mailing Address

~~65 E. NASA BLVD.~~

~~STE 202~~

~~MELBOURNE FL 32904~~

2. Principal Place of Business

**7332 OFFICE PARK PLACE**

Suite, Apt. #, etc.

**STE. 101**

City & State

**MELBOURNE, FL**

Zip

**32940**

Country

**USA**

3. Mailing Address

**7332 OFFICE PARK PLACE**

Suite, Apt. #, etc.

**STE. 101**

City & State

**MELBOURNE, FL**

Zip

**32940**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3347706**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**WILKINSON, MYLES H**

~~65 E. NASA BLVD.~~ **7332 OFFICE PARK PLACE**

~~STE 202~~ **STE. 101**

~~MELBOURNE FL 32904~~ **MELBOURNE, FL 32940**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

*[Signature]* **MYLES H. WILKINSON** **1/8/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete

NAME **WILKINSON, MYLES H**

STREET ADDRESS **65 E. NASA BLVD STE 202**

CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **V** ☐ Delete

NAME **WILKINSON, MYLES H**

STREET ADDRESS **65 E. NASA BLVD STE 202**

CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **7332 OFFICE PARK PLACE, STE. 101**

STREET ADDRESS **MELBOURNE, FL 32940**

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **7332 OFFICE PARK PLACE, STE. 101**

STREET ADDRESS **MELBOURNE, FL 32940**

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **MYLES H. WILKINSON**

**1/8/03**

DATE

**321/951-1500**

DAYTIME PHONE #

CR2E034 (10/02)