

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91222 003 ***150.00

DOCUMENT # P96000033444

1. Entity Name
MURRAY HOMES, INC.

Principal Place of Business
1858 RINGLING BLVD
SARASOTA FL 34236
US

Mailing Address
1858 RINGLING BLVD
SARASOTA FL 34236
US

551490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MURRAY HOMES INC

3. Mailing Address
AS BESIDE

Suite, Apt. #, etc.
3424 PINE VALLEY DR

City & State
SARASOTA FL

4. FEI Number **59-3375336** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **34239** Country **USA** Zip Country

6. Name and Address of Current Registered Agent
GLENDINNING, RENE M
1885 RINGLING BLVD
SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name **STEVE MURRAY**
 Street Address (P.O. Box Number is Not Acceptable)
3424 PINE VALLEY DR
 City **SARASOTA FL** Zip Code **34239**

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 (NOTE: Registered Agent signature required when reinstating) DATE **4/26/01**

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURRAY, JOHN P #4 SAXON PLACE LYMINGTON, HAMPSHIRE UK S041- 9EZ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURRAY, GLYNIS #4 SAXON PLACE LYMINGTON, HAMPSHIRE UK S041- 9EZ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, STEPHEN J #4 SAXON PLACE LYMINGTON, HAMPSHIRE UK S041- 9EZ <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURRAY, JOHN P RAMBLER COTTAGE, 21 GARDEN RD BURLY BHZ4 UKA. UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURRAY, GLYNIS RAMBLER COTTAGE BURLY BHZ4 UKA. UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, STEPHEN J RAMBLER COTTAGE BURLY BHZ4 UKA. UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE **4/26/01** DAYTIME PHONE # **941-350-7777**

CR2E034 (10/00)