CR2E034 (9/01

## 2002 Uniform Business Report (UBR)

## Apr 09, 2002 8:00 am & Secretary of State DOCUMENT # P96000033444 1. Entity Name 04-09-2002 90016 029 \*\*\*150.00 MURRAY HOMES, INC. Principal Place of Business Mailing Address 3424 PINE VALLEY DRIVE 3424 PINE VALLEY DRIVE SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3375336 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required \*\*\*\*\* 6. -Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURRAY, STEVE Street Address (P.O. Box Number is Not Acceptable) 3424 PINE VALLEY DRIVE SARASOTA FL 34239 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE IDPT ☐ Delete TITLE ☐ Change ☐ Addition NAME MURRAY, JOHN P NAME ramble cottage, 21 garden road STREET ADDRESS STREET ADDRESS Burley uk BH2-44EA CITY-ST-ZIP CITY-ST-ZIP TITLE IDPT □ Delete TITLE ☐ Change Addition NAME MURRAY, GLYNIS NAME STREET ADDRESS RAMBLE COTTAGE, 21 GARDEN ROAD STREET ADDRESS CITY-ST-ZIP Burley uk BH2-44EA CITY-ST-ZIP TITLE DPT -Delete . TITLE ☐ Addition MURRAY, STEPHEN J NAME NAME STREET ADDRESS RAMBLE COTTAGE, 21 GARDEN ROAD STREET ADDRESS CITY-ST-ZIP City-ST-7IP Burley uk BH2-44EA ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplies indicated on this report or supplemental r of the corporation or the receiver or truste

SIGNATURE:

changed, or on an attachment with ar

SIGNATURE AND OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

with all other like empowere

Date

Daytime Phone #