2003 FOR PROFIT CORPORATION

Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P96000033444 **DOCUMENT #** 01-23-2003 90151 046 ***150.00 1. Entity Name MURRAY HOMES, INC. Principal Place of Business Mailing Address 3424 PINE VALLEY DRIVE 3424 PINE VALLEY DRIVE SARASOTA FL 34239 SARASOTA FL 34239 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 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 Fee Required 6. Name and Address of Current Registered Agent ~ 7. Name and Address of New Registered Agent MURRAY, STEVE Street Address (P.O. Box Number is Not Acceptable) 3424 PINE VALLEY DRIVE SARASOTA FL 34239 Zip Code 8. The above named entity sub is 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 SIGNATURE Signature, typed or pri ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Addition MURRAY, JOHN P NAME NAME RAMBLE COTTAGE, 21 GARDEN ROAD STREET ADDRESS STREET ADDRESS **BURLEY UK BH2-44EA** CITY-ST-ZIP CITY-ST-ZIP DPT ☐ Delete TITLE ☐ Change ☐ Addition NAME MURRAY, GLYNIS NAME RAMBLE COTTAGE, 21 GARDEN ROAD STREET ADDRESS STREET ADDRESS **BURLEY UK BH2-44EA** CITY-ST-ZIP CITY-ST-ZIP DPT ☐ Delete TITLE ☐ Addition TITLE Change Change NAME MURRAY, STEPHEN J NAME-STREET ADDRESS RAMBLE COTTAGE, 21 GARDEN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BURLEY UK BH2-44EA** ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition □ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change

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 of tr 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 w dress, with all other

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME/OF

FILED