

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019103

1. Entity Name

SPRECKELSEN/MURRAY, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90159 014 ***150.00

Principal Place of Business

Mailing Address

9850 NW 37TH ST
HOLLYWOOD FL 33024

9850 NW 37 ST
HOLLYWOOD FL 33024-8012
US

2. Principal Place of Business

3. Mailing Address

PO Box 291821

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Davie FL

Zip

Country

Zip

Country

33329-1821

US

4. FEI Number

65-0742291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MURRAY, JOHN M
9850 NW 37TH ST
HOLLYWOOD FL 33024

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MURRAY, JOHN M	9850 NW 37TH STREET	HOLLYWOOD FL 33024	<input type="checkbox"/>
VP	SPRECKELSEN, BRIAN	9850 NW 37TH STREET	HOLLYWOOD FL 33024	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 changes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/00

954 253-8120

CR2E034 (9/99)