

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90030 012 ***150.00

658339

DO NOT WRITE IN THIS SPACE

DOCUMENT # 91000034051
1. Entity Name Timothy J. Murno, P.A.

Principal Place of Business **Mailing Address**

2. Principal Place of Business 1277 Tamiami Tr.
3. Mailing Address P.O. Box 380127
Suite, Apt. #, etc. 104 **Suite, Apt. #, etc.** Murdock

City & State Port Charlotte FL **City & State** Murdock FL
Zip 33948 **Country** U.S.A. **Zip** 33948 **Country** U.S.A.

4. FEI Number 65-0745389 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Not Applicable

6. Name and Address of Current Registered Agent
 Steven W. McCris, Attorney
 609 S. Tamiami Tr.
 Venice, FL 34285

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.

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. ☐ **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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P/S/T TIMOTHY J. MURNO <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P/S/T Timothy J. Murno <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 437 Delaney St. Port Charlotte FL 33954 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/29/01** **941 769-1163**
Date **Daytime Phone #**

CR2E034 (11/00)