

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90007 005 \*\*\*150.00

DOCUMENT # P97000075764

1. Entity Name

**MURPHY PAINTING CONTRACTORS, INC.**

Principal Place of Business

Mailing Address

6618 N.W. 70TH AVENUE  
 TAMARAC FL 33321

6618 N.W. 70TH AVENUE  
 TAMARAC FL 33321

2. Principal Place of Business

29 MARLBERRY LANE  
 Suite, Apt. #, etc.

3. Mailing Address

7029 MARLBERRY LANE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**TAMARAC, FLORIDA**  
 Zip  
**33321**

Country

City & State  
**TAMARAC, FLORIDA**  
 Zip  
**33321**

Country

4. FEI Number **65-0784676**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MURPHY, A G**  
**7029 MARLBERRY LANE**  
**TAMARAC FL 33321**

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.  (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, A.G.	
STREET ADDRESS	6618 N.W. 70TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	MURPHY G.T.	
STREET ADDRESS	6647 N.W. 70TH AVE	
CITY-ST-ZIP	TAMARAC 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY A.G.	
STREET ADDRESS	7029 MARLBERRY LANE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY P.T.	
STREET ADDRESS	6647 N.W. 70TH AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 my address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 10 2000

Date

(954) 718-1420

Daytime Phone #

CR2E034 (9/99)