

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095273

1. Entity Name

BRYCE MURRAY ACCOUNTING & FINANCIAL PLANNING, IN

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90004 029 \*\*\*150.00

Principal Place of Business

Mailing Address

PRINCETON ST  
SARASOTA FL 34237

2198 PRINCETON ST  
SARASOTA FL 34237-3435  
US

2. Principal Place of Business

3348 17TH STREET

Suite, Apt. #, etc.

3. Mailing Address

3348 17TH STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA FL

City & State  
SARASOTA FL

4. FEI Number 65-0805144

Applied For  
Not Applicable

Zip 34235-8904 Country USA

Zip 34235-8904 Country U.S.A.

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

MURRAY, BRYCE  
2198 PRINCETON ST  
SARASOTA FL 34237

Name MR BRYCE MURRAY  
Street Address (P.O. Box Number is Not Acceptable)  
3348 17TH STREET,  
City SARASOTA FL Zip Code 34235-8904

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 *Bry Murray* MR BRYCE MURRAY - PRESIDENT 3/1/00

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	PD MURRAY, BRYCE 9A STATION ST, COCKERMOUTH CUMBRIA, ENGLAND CA13 9QA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, MOYRA L 9A STATION ST. COCKERMOUTH CUMBRIA, ENGLAND CA 1399QW	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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

PRESIDENT

MR. BRYCE MURRAY

3/1/00

Date

941 952 5265

Daytime Phone #

CR2E034 (9/99)