

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095273

1. Entity Name

BRYCE MURRAY ACCOUNTING & FINANCIAL PLANNING, IN

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91076 033 ***150.00

Principal Place of Business

3348 17TH STREET
SARASOTA FL 34237-8904
US

Mailing Address

3348 17TH STREET
SARASOTA FL 34237-8904
US

2. Principal Place of Business

8306 WHISPERING WOODS CT.,
Suite, Apt. #, etc. CT.,

3. Mailing Address

8306 WHISPERING WOODS CT.,
Suite, Apt. #, etc. CT.,

City & State

BRADENTON, FL

City & State

BRADENTON FL

Zip

Country

34202 U.S.A.

Zip

Country

34202 - 2270 U.S.A.

4. FEI Number

65-0805144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, BRYCE MR.
3348 17TH STREET
SARASOTA FL 34235-8904

7. Name and Address of New Registered Agent

Name

MURRAY, BRYCE MR

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

8306 WHISPERING WOODS CT.,

City

BRADENTON

FL

Zip Code

34202

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

Bryce Murray BRYCE MURRAY - DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/01

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, 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	<input type="checkbox"/> Delete
PD	MURRAY, BRYCE	9A STATION ST, COCKERMOUTH	CUMBRIA, ENGLAND CA13 9QA	<input type="checkbox"/>
SD	MURRAY, MOYRA L	9A STATION ST. COCKERMOUTH	CUMBRIA, ENGLAND CA 1399QW	<input type="checkbox"/>
				<input 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"/>
				<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 empowered.

SIGNATURE:

Bryce Murray BRYCE MURRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/01

Daytime Phone #

941 907 3701

CR2E034 (10/00)