

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90003 036 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

824615

DOCUMENT #

1. Entity Name

Fran Murphy e Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 Fishing Village Drive

3. Mailing Address

24 Dockside Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

39

City & State

Key Largo, FL

City & State

Key Largo, FL

4. FEI Number

65-0868267

Applied For

Not Applicable

Zip

33037

Country

Zip

33037

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Francois D. Murphy

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

24 Dockside Lane # 39

City

Key Largo

FL

Zip Code

33037

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 address (if applicable)

(NOTE: Registered Agent signature required when changing.)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-STATE-ZIP

President
Francois D. Murphy
24 Dockside Lane, #39
Key Largo, FL 33037

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

Vice President
Erin D. Murphy
298 - 3 Cortlandt Ave
Mamaroneck, NY 10543

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Erin Murphy / Erin Murphy

2/14/02

(201)934-6029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone -

CR2EG34B (12/01)