

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90112 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000044180

1. Entity Name
MCMURRAIN REALTY, INC.



Principal Place of Business
908 THOMASVILLE RD.
TALLAHASSEE, FL 32303

Mailing Address
908 THOMASVILLE RD.
TALLAHASSEE, FL 32303

2. Principal Place of Business
1114 NORTH ADAMS ST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 2310
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE FL

City & State
ROWLETT TX

4. FEI Number
59-3510812

Applied For
Not Applicable

Zip
32303

Country
LEON

Zip
75088

Country
USA

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

RAND, ROBERT A
908 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

Name
SCOTT MCMURRAIN

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

1114 NORTH ADAMS ST

City TALLAHASSEE FL Zip Code 32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Scott McMurrain*

4-29-03

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCMURRAIN, SCOTT
STREET ADDRESS 908 THOMASVILLE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1114 NORTH ADAMS ST
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott McMurrain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

888-578-9428

Date

Carried Phone #

CR2E034 (10/02)