

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075044

## 1. Entity Name

MICHAEL P. MURPHY, P.A.

## Principal Place of Business

1520 E. AMELIA ST.  
ORLANDO FL 32803

## Mailing Address

1520 E. AMELIA ST.  
ORLANDO FL 32803

## 2. Principal Place of Business

1520 E. AMELIA

## 3. Mailing Address

1520 E AMELIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Orlando FL

City &amp; State

Orlando FL

Zip 32803

Country USA

Zip 32803

Country USA

## 4. FEI Number

59-3529378

Applied For

Not Applicable

## 5. Certificate of Status Desired

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MURPHY, MICHAEL P  
1520 E. AMELIA ST.  
ORLANDO FL 32803

1520 E. AMELIA

## Name

Michael P. Murphy

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

1520 E. AMELIA

City

Orlando

FL

Zip Code 32803

## 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

Murphy, Michael

4/21/02

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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

CR2E024 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MICHAEL P 2115 E. JEFFERSON ST. ORLANDO FL 32803	<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
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
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
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:

Murphy, Michael

4/4/02 407  
896 1826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #