

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90176 004 ***150.00

DOCUMENT # P98000091329

1. Entity Name

MCMURRAY ENTERPRISES, INC.

Principal Place of Business

**14231 88TH PLACE N.
 LOXAHATCHEE FL 33470
 US**

Mailing Address

**14231 88TH PLACE N.
 LOXAHATCHEE FL 33470
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0875568

Applied For

Not Applicable

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

**MCMURRAY, SHARIFFA
 14231 88TH PLACE N.
 LOXAHATCHEE FL 33470**

Name

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

City

FL

Zip Code

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **MCMURRAY, SHARIFFA**
 STREET ADDRESS **14231 88 PL NORTH**
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

9/25/02
 (561) 795-4037

Attachment

Page 1 of 1

To Whom It May Concern

I received in the mail to-day 2002 UNIFORM BUSINESS REPORT (UBR).

I spoke to Steve from this department he told me to send a check \$150.00 with a letter when I receive this document.

Sincerely,
Shariffa McMurray

McMurray Enterprises Inc.
14231 88th Place North
Loxahatchee, FL 33470.
Ph: (561)795-4037
Fax: (561)333-8482
Fin # 650785568
Vender#-mcmu0002
D&B #018169487

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