

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101027

1. Entity Name

S. D. MURPHY & ASSOCIATES, INC.



Principal Place of Business

3219-B SW PORT ST LUCIE BLVD
PORT ST LUCIE FL 34953

Mailing Address

3219-B SW PORT ST LUCIE BLVD
PORT ST LUCIE FL 34953

2. Principal Place of Business

230-A South Cypress Rd

Suite, Apt. #, etc.

3. Mailing Address

230-A South Cypress Rd

Suite, Apt. #, etc.

City & State

Pompano Bch, FL

Zip 33060

Country

USA

City & State

Pompano Bch, FL

Zip 33060

Country

USA

4. FEI Number

65-0879816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILBERTSON, STEPHEN W CPA
2200 NE 26TH ST
WILTON MANORS FL 33305

7. Name and Address of New Registered Agent

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.

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, 2000 Min. 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

TITLE NAME
PTSD MURPHY, SEAN D
STREET ADDRESS
4001 NW CINNAMON CIR
CITY- ST- ZIP
JENSEN BEACH FL 34957

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ 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:

Signature of Sean D. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/2000 954-970-3591
Date Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90010 032 ***550.00

A0078919



DO NOT WRITE IN THIS SPACE