

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90206 035 ***158.75

DOCUMENT # P99000002179

1. Entity Name
MURRAY HILL ROAD, INC.



Principal Place of Business
**4335 TAMiami TRAIL E
NAPLES FL 34112**

Mailing Address
**5215 OLD GALLOWS WAY
NAPLES FL 34105**

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 **65-0894505**

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

**D'AGOSTINO, LOUIS D
821 5TH AVE S, SUITE 201
NAPLES FL 34102**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	D'AGOSTINO, FRANK	
STREET ADDRESS	5215 OLD GALLOWS WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	P	<input type="checkbox"/> Delete
NAME	D'AGOSTINO, DOMENIC	
STREET ADDRESS	5215 OLD GALLOWS WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	D'AGOSTINO, JOHN	
STREET ADDRESS	5215 OLD GALLOWS WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	S	<input type="checkbox"/> Delete
NAME	D'AGOSTINO, ANNE	
STREET ADDRESS	5215 OLD GALLOWS WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	T	<input type="checkbox"/> Delete
NAME	D'AGOSTINO, MARIO	
STREET ADDRESS	750 MOORINGLINE DRIVE, APT. 206	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Frank D'Agostino* **REQUIRED** *Frank D'Agostino* *4/15/03* *239 4034070*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #