

8/7/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-07-2001 90011 050 ***150.00

DOCUMENT # P99000007922

1. Entity Name

MURPHY'S SERVICE AND REPAIR, INC.

Principal Place of Business

3269 U.S. HWY. 90 EAST
DEFUNIAK SPRINGS FL 32433

Mailing Address

P.O. BOX 347
DEFUNIAK SPRINGS FL 32433

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 **59-3561571**Applied For
Not Applicable5. 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

MURPHY, ROY L
3269 U.S. HWY. 90 EAST
DEFUNIAK SPRINGS FL 32433

Name

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

City

FL

Zip Code

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PD** ☐ Delete
 NAME **MURPHY, ROY L**
 STREET ADDRESS **P.O. BOX 347**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 8508923096

Date

Daytime Phone #

CR2E034 (10/00)

Attachment 11652
#P99000007922

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

MURPHY'S SERVICE & REPAIR, INC
P.O. BOX 547
DEFUNIAK SPRINGS, FLORIDA 32435
REF # P99000007922

AUGUST 20, 2001

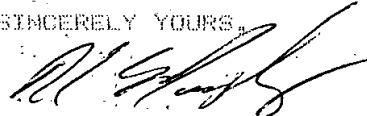
TO WHOM IT MAY CONCERN:

WE SENT OUR ANNUAL REPORT ALONG WITH A CHECK IN THE AMOUNT OF
\$150.00 ON APRIL 10, 2001 BY US POSTAL SERVICE.

NOW WE RECEIVE A LETTER DATED AUGUST 9, 2001 SAYING THE CHECK
WAS NEVER RECEIVED UNTIL THAT DATE. OUR COMPANY IS AT THE
MERCY OF THE US POSTAL SERVICE AS EVERYONE IS. WE HAVE NO WAY
OF PROVING WE SENT IT IN APRIL EXCEPT OUR WORD.

WE WOULD APPRECIATE THIS MATTER BEING REVIEWED. HOPEFULLY THE
DEPARTMENT WILL CONSIDER A ONE TIME WAIVER OF THE \$400.00
LATE FEE, AS WE DO NOT FEEL THE REPORT WAS LATE AS A FAILURE
ON OUR PART.

SINCERELY YOURS,



R.L. MURPHY/OWNER