

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039152

1. Entity Name

MURPHY-MARTIN RECOVERY, INC

FILED

Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90113 036 \*\*\*150.00

Principal Place of Business

Mailing Address

701 TARAWOOD LANE  
VALRICO FL 33594

701 TARAWOOD LANE  
VALRICO FL 33594-6637

A0006265



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

MURPHY-MARTIN RECOVERY, INC.

MURPHY-MARTIN RECOVERY, INC.

Suite, Apt 3601 SWANN, #205  
TAMPA, FL 33609

City & State  
3601 SWANN, #205  
TAMPA, FL 33609

City & State

4. FEI Number

59-3571917

Applied For

Not Applicable

Zip

Country

FLORIDA

Zip

Country

FLORIDA

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

FEYES, MARTIN Z  
701 TARAWOOD LANE  
VALRICO FL 33594

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

*Martin Z. Feyes*

1-11-00

DATE

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
MARTIN Z. FEYES  
701 TARAWOOD LN  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
MARTIN Z. FEYES  
701 TARAWOOD LN  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE-PRESIDENT  
TIMOTHY E. FEYES  
6902 SOLEDAD CT.  
TAMPA, FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
TIMOTHY E. FEYES  
6902 SOLEDAD CT.  
TAMPA, FL 33615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~SECRETARY~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY / TREASURER  
KERRY M. FEYES  
701 TARAWOOD LN  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-11-00

813-353-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #