

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90157 049 ***150.00

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DOCUMENT # P99000039152

1. Entity Name

MURPHY-MARTIN RECOVERY, INC

Principal Place of Business

**3601 SWANN
 112
 TAMPA FL 33609**

Mailing Address

**3601 SWANN, #205
 TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

3601 W. SWANN #112

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

Country

33609

Country

U.S.A.

4. FEI Number

59-3571917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FEYES, MARTIN Z
 701 TARAWOOD LANE
 VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name

MARTIN Z. FEYES

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

3601 W. SWANN #112

City

TAMPA, FL

FL

Zip Code
33609

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

1-07-02

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, 2002 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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **FEYES, MARTIN Z**
 CITY-ST-ZIP **701 TARAWOOD LN
 VALRICO FL 33594**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT - DIRECTOR - TREASURER**
 STREET ADDRESS **MARTIN Z. FEYES**
 CITY-ST-ZIP **3601 W. SWANN #112
 TAMPA, FL 33609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 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 my address, with all other like empowered.

SIGNATURE:

MARTIN Z. FEYES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

Date

813-353-8898

Daytime Phone #

CR2E034 (9/01)