

5/2/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-02-2001 90050 002 ***150.00

DOCUMENT # P99000051506

1. Entity Name

MURPHY'S LAWN SERVICE, INC.

Principal Place of Business

Mailing Address

5904 BASIL DRIVE
WEST PALM BEACH FL 33415110 YACHT CLUB WAY
103
HYPOULUXO FL 33462

2. Principal Place of Business

831 Coral Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. Palm Bch, Fla.

City & State

4. FEI Number 65-0928257

Applied For

Not Applicable

Zip

33415 - USA

Country

Zip

Country

5. Certificate of Status Desired. ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, CAROLYN M
5904 BASIL DRIVE
WEST PALM BEACH FL 33415

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

Carolyn M. Murphy

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/21/01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, CAROLYN M	
STREET ADDRESS	110 YACHT CLUBWAY #103	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, PATRICK M	
STREET ADDRESS	110 YACHT CLUBWAY #103	
CITY-ST-ZIP	HYPOULUXO FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murphy, Patrick M	
STREET ADDRESS	831 Coral Dr.	
CITY-ST-ZIP	West Palm Beach, FL 33415	
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		

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:

Patrick Murphy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/01 561-434-163

CR2E034 (10/00)