

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096023

1. Entity Name

MURRAY ENTERPRISES OF JACKSONVILLE, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90063 021 ***150.00

Principal Place of Business

Mailing Address

205 MARQUETTE AVE.
JACKSONVILLE FL 32210

4254 MARQUETTE AVE.
JACKSONVILLE FL 32210-2127

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

59-3604955

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

Name

Denise Murray

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

4254 Marquette Ave

City

Jacksonville

FL

Zip Code

32210

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

Denise Murray, president

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

(NOTE: Registered Agent signature required when reinstating)

4-25-00

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, 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 PD
NAME MURRAY, DENISE E
STREET ADDRESS 4254 MARQUETTE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE Vice President
NAME Darren William Murray
STREET ADDRESS 4254 Marquette Ave
CITY-ST-ZIP Jacksonville FL 32210

☐ Change

☒ Addition

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Denise Murray, president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 904-387-6960

Date

Daytime Phone #

CR2E034 (9/99)