

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 an
Secretary of State

02-08-2000 90149 006 ***150.00

DOCUMENT # P99000101478

1. Entity Name

MURKIN CORPORATION

Principal Place of Business

Mailing Address

792 W LUMSDEN RD
BRANDON FL 33511

792 W LUMSDEN RD
BRANDON FL 33511-6260

4035 WATERLOVE DR
RIVERVIEW, FL. 33569

4035 WATERLOVE DR
RIVERVIEW, FL. 33569

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

RIVERVIEW, FL.

City & State

RIVERVIEW, FL

4. FEI Number

59-3475655

Applied

Not Applied

Zip

33569

Country

Zip

33569

Country

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

MURKIN, MICHAEL P
792 W LUMSDEN RD
BRANDON FL 33511
4035 WATERLOVE DR
RIVERVIEW, FL. 33569

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-00

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 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MURKIN, MICHAEL P
STREET ADDRESS 792 W LUMSDEN RD 4035 WATERLOVE DR
CITY-ST-ZIP BRANDON FL 33511 RIVERVIEW, FL. 33569

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

TITLE ☐ Delete
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TITLE ☐ Change ☐
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MURKIN, MICHAEL P. MURKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00

813-263-42