

# 2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000111195

1. Entity Name

MURPHY'S NEW LAW INC.

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90135 037 \*\*\*150.00

Principal Place of Business 4860 N.W. 10 AVE. FT. LAUDERDALE FL 33309	Mailing Address 4860 N.W. 10 AVE. FT. LAUDERDALE FL 33309
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4860 NW 10 AVE Suite, Apt. #, etc.
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City & State Ft. Lauderdale	4. FEI Number "Applied for"
Zip 33309 Country U.S.A.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET, STE. 1  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

**Sole Proprietor (owner)**  
Brian Murphy  
4860 NW 10 AVE  
Ft Lauderdale FL 33309

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Brian Murphy 7/20/2000 954 772 718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)