

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90123 047 ***150.00

DOCUMENT # S70082

1. Entity Name
KIRKLAND, RUSS, MURPHY & TAPP, P.A.



Principal Place of Business
**13577 FEATHER SOUND DRIVE
SUITE 400
CLEARWATER FL 33762-5539
US**

Mailing Address
**13577 FEATHER SOUND DRIVE
SUITE 400
CLEARWATER FL 33762-5539
US**

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 **59-3076061**

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

**RASMUSSAN, ROBERT
GLENN, RASMUSSAN, FOGORTY, HOOKER, RA
100 S. ASHLEY DR #1300
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **TAPP, WILLIAM G.**
CITY-ST-ZIP **455 16TH AVE. NE.
ST. PETERSBURG FL**

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

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **RUSS, ANDREW J.**
CITY-ST-ZIP **4306 SWANN AVENUE
TAMPA FL 33609**

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **MURPHY, BRUCE H.**
CITY-ST-ZIP **951 SO BAYSHORE BLVD
SAFETY HARBOR FL 34695**

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

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **KIRKLAND, JACK W JR**
CITY-ST-ZIP **3302 SIERRA CIR
TAMPA FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D GRAVE, STEVE**
STREET ADDRESS **13577 FEATHER SOUND DR**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DUNHAM, PAUL**
STREET ADDRESS **13577 FEATHER SOUND DR**
CITY-ST-ZIP **CLEARWATER FL 33762**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)