2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90015 037 ***150.00

DOCUMENT # V19673

1. Entity Name

MURRAY MARINE SALES & SERVICE, INC.

602064

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5710 US 1 MM5 KEY WEST FL 33040 US	~~5710 US 1 MM5~~ ~~KEY WEST FL 33040-4341~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	411 Cactus Dr Suite, Apt. #, etc.
City & State	Key West FL
Zip / Country	33040 / USA

4. FEI Number 65-0316476 ☐ 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
MURRAY, DAVID J ~~5710 US 1 MM5~~ KEY WEST FL 33040	Name Street Address (P.O. Box Number is Not Acceptable): 411 Cactus Dr. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MURRAY, DAVID J		NAME		
STREET ADDRESS	5710 US HIGHWAY 1		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MURRAY, MARY		NAME		
STREET ADDRESS	5710 US HIGHWAY 1		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE	VP	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	MURRAY, WILLIAM D		NAME		
STREET ADDRESS	3717 CINDY AVE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE	ST	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	MURRAY, LEE M		NAME		
STREET ADDRESS	5710 US HIGHWAY 1		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Mary C. Murray MARY C. MURRAY 1/10/2000 305-294-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #