

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55203

1. Entity Name

MURPHY DRYWALL, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90426 010 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1664 STONECROP STREET P.O. Box 1072~~  
~~SEBASTIAN FL 32958~~ Williston, FL

~~1664 STONECROP STREET P.O. Box 1072~~  
~~SEBASTIAN FL 32696-1072~~ Williston, FL

1650 NE 146 AVE  
WILLISTON, FL 32696

1650 NE 146 AVE  
WILLISTON, FL 32696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3138762

Applied For

Not Applicable

Zip

Country

Zip

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

MURPHY, JOHN F. JR.  
~~1664 STONECROP STREET P.O. Box 1072~~  
~~SEBASTIAN FL 32958~~ Williston, FL 32696

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

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 DPT  
NAME MURPHY, JOHN F. JR.  
STREET ADDRESS ~~1664 STONECROP ST.~~  
CITY-ST-ZIP SEBASTIAN-FL

TITLE  
NAME 1650 N.E. 146 AVE  
STREET ADDRESS ~~P.O. Box 1072~~  
CITY-ST-ZIP Williston, FL 32696-1072

TITLE DVS  
NAME MURPHY, SANDRA M.  
STREET ADDRESS ~~1664 STONECROP ST.~~  
CITY-ST-ZIP SEBASTIAN-FL

TITLE  
NAME 1650 NE 146 AVE  
STREET ADDRESS ~~P.O. Box 1072~~  
CITY-ST-ZIP Williston, FL 32696-1072

TITLE  
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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John F. Murphy JR. John F. Murphy JR., Pres. 4-4-2000 352-542-4218  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)