

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90057 008 ***150.00

DOCUMENT # H28226

1. Entity Name

~~MURPHY CUSTOM HOMES, INC.~~
ROBERT E. MURPHY, P.A.

Principal Place of Business

Mailing Address

4430 WHEATLAND WAY
 PALM HARBOR FL 34685
 US

4430 WHEATLAND WAY
 PALM HARBOR FL 34685-2661
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2471355

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MYERS, ROBERT J.~~
~~1135 PASADENA AVENUE SOUTH~~
~~SUITE 140~~
~~ST. PETERSBURG FL 33707~~

Name **ROBERT E. MURPHY**
 Street Address (P.O. Box Number is Not Acceptable)

4430 WHEATLAND WAY

City **PALM HARBOR** FL Zip Code **34685**

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

Robert E. Murphy

4/10/2000

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	P	<input type="checkbox"/> Delete
NAME	MURPHY, ROBERT E	
STREET ADDRESS	4430 WHEATLAND WAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MURPHY, JANICE R	
STREET ADDRESS	4430 WHEATLAND WAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Robert E. Murphy

ROBERT E. MURPHY 4/10/2000 727-942-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)