

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
 03-22-2001 90028 018 ***150.00

DOCUMENT # G64669

1. Entity Name

MURAN, INC.

Principal Place of Business

Mailing Address

245 U.S. HWY. 17 N.
 BOWLING GREEN FL 33834
 US

P.O. BOX 819
 BOWLING GREEN FL 33834
 US

2. Principal Place of Business

3. Mailing Address

P O Box 891

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft Meade FL

Zip

Country

Zip

Country

33841-0891

US

4. FEI Number

59-1225250

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

PRESCOTT, MURRELL C
2575 SENECA DR W
AVON PARK FL 33825

Name

Leslie G Lyle

Street Address (P.O. Box Number is Not Acceptable)

1304 Hickory Lane

City

Ft Meade

FL

Zip Code
33841

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 Leslie G Lyle 3-19-01
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, 2001 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 checked="" type="checkbox"/> Delete |
| NAME | PRESCOTT, MURRELL C | |
| STREET ADDRESS | 2575 SENECA DR W | |
| CITY-ST-ZIP | AVON PARK FL 33825 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BROWN, MIHCAEL L | |
| STREET ADDRESS | 1580 W POINSETTIA DR | |
| CITY-ST-ZIP | AVON PARK FL 33825 | |
| TITLE | SP | <input type="checkbox"/> Delete |
| NAME | LYLE, LESLIE G | |
| STREET ADDRESS | 1304 HICKORY LANE S | |
| CITY-ST-ZIP | FORT MEADE FL 33841 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | LYLE, LESLIE G | |
| STREET ADDRESS | 1304 HICKORY LANE S | |
| CITY-ST-ZIP | FORT MEADE FL 33841 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Carolyn Anne Prescott | |
| STREET ADDRESS | 245 U S Hwy 17 N | |
| CITY-ST-ZIP | Bowling Green FL 33834 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Brown, Michael L | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: Leslie G Lyle 3-19-01 863-325-2873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0530164

CR2E034 (10/00)