

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90074 037 \*\*\*150.00

**DOCUMENT # G64669**

1. Entity Name  
**MURAN, INC.**

Principal Place of Business  
**245 U.S. HWY. 17 N.**  
**BOWLING GREEN FL 33834**  
**US**

Mailing Address  
**P O BOX 891**  
**FORT MEADE FL 33841-0891**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2335250**  
~~59-1225250~~

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

**LYLE, LESLIE G**  
**1304 HICKORY LN**  
**FORT MEADE FL 33841**

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, 2002 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** ☒ Delete  
 NAME **PRESCOTT, CAROLYN A**  
 STREET ADDRESS **245 US HWY 17 N**  
 CITY-ST-ZIP **BOWLING GREEN FL 33834**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Leslie G. Lyle**  
 STREET ADDRESS **1304 Hickory Lane S.**  
 CITY-ST-ZIP **Fort Meade, FL 33841**

TITLE **VP** ☐ Delete  
 NAME **BROWN, MICHAEL L**  
 STREET ADDRESS **1580 W POINSETTIA DR**  
 CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE **ST** ☐ Delete  
 NAME **LYLE-LESLIE G**  
 STREET ADDRESS **1304 HICKORY LANE S**  
 CITY-ST-ZIP **FORT MEADE FL 33841**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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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: Leslie G. Lyle / Leslie G. Lyle 4/30/02 (863) 375-9988  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)