

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90085 018 ***150.00

DOCUMENT # P97000012311
1. Entity Name
PRINCE MURAT CORPORATION, INC. ✓

DO NOT WRITE IN THIS SPACE

70026868

2. Principal Place of Business
2881 JEFFERSON STREET
Suite, Apt. #, etc.

3. Mailing Address
P. O. BOX 6356
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARIANNA, FL

City & State
DOTHAN, AL

4. FEI Number
59-3426133

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country
32446 US

Zip Country
36302 US

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	PS	TITLE	
NAME	WILKINSON, THOMAS C.	NAME	
STREET ADDRESS	2881 JEFFERSON STREET	STREET ADDRESS	
CITY - ST - ZIP	MARIANNA, FL 32446	CITY - ST - ZIP	
TITLE	VPT	TITLE	
NAME	ELLIS, JAMES C.	NAME	
STREET ADDRESS	P. O. BOX 6356	STREET ADDRESS	
CITY - ST - ZIP	DOTHAN, AL 36302	CITY - ST - ZIP	
TITLE	VPT	TITLE	
NAME	ELLIS, JAMES C.	NAME	
STREET ADDRESS	1130 APPIAN WAY	STREET ADDRESS	
CITY - ST - ZIP	DOTHAN, AL 36303	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: James C. Ellis Date: 3/10/03 Daytime Phone #: (334) 792-2153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)