

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 548598****1. Entity Name**
ROWAND, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90009 012 ***158.75

Principal Place of Business32730 US HWY 19 N
PALM HARBOR FL 34684
US**Mailing Address**32730 US HWY 19 N
PALM HARBO FL 34684
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1773203**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**RAYMOND, J. PAUL
625 COURT STREET
SUITE 200
CLEARWATER FL 33756**7. Name and Address of New 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.**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, 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**

TITLE	S	<input type="checkbox"/> Delete
NAME	RAYMOND, J PAUL	
STREET ADDRESS	625 COURT STREET	
CITY-ST-ZIP	CLEARWATER, FL 00000 33756	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	TYLER, GARY L	
STREET ADDRESS	1063 ENISWOOD PKWY	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VCST	<input type="checkbox"/> Delete
NAME	ROWAND, RONALD P.	
STREET ADDRESS	3058 EAGLES LANDING CIR W	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary L Tyler, President 3/7/01 (727) 781-6624

Date

Daytime Phone #

C0032539



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)