

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # 657976

1. Entity Name

ROWAN & ASSOCIATES REAL ESTATE, INC.

05-13-2002 90164 047 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20772 SONRISA WAY

3. Mailing Address

20772 SONRISA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33433

Country

Zip

33433

Country

4. FEI Number

59-1978691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LARSEN, RICHARD L.

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

20772 SONRISA WAY

City BOCA RATON

FL

Zip Code 33433

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 PD  
NAME LARSEN, RICHARD L.  
STREET ADDRESS 20772 SONRISA WAY  
CITY-ST-ZIP BOCA RATON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME ROWAN, CHARLES  
STREET ADDRESS 1840 NW 33RD STREET  
CITY-ST-ZIP POMPANO BEACH, FL

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2002

Date

561-483-4580

Daytime Phone #