

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90110 015 \*\*\*150.00

**DOCUMENT # F02000003225**

**1. Entity Name**  
**PRAYON INC.**



**Principal Place of Business**  
1633 MARVIN GRIFFIN ROAD  
AUGUSTA GA 30903

**Mailing Address**  
PO BOX 1473  
AUGUSTA GA 30903-1473

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

City & State

**4. FEI Number** 52-2234076

**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**

**BRYAN, STEWART**  
3525 REYNOLDS ROAD, STE 8  
REGION FL 33803-8372  
**LAKELAND**

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** *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**25 March 2003**

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	C	<input type="checkbox"/> Delete
NAME	MARLER, WILLY	
STREET ADDRESS	144 RUE JOSEPH WAUTERS, B-4480	
CITY-ST-ZIP	ENGIS (BELGIUM)	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	NICOLAS BRAHAM, JEAN	
STREET ADDRESS	144 RUE JOSEPH WAUTERS, B-4480	
CITY-ST-ZIP	ENGIS (BELGIUM)	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CAPARA, YVES	
STREET ADDRESS	144 RUE JOSEPH WAUTERS, B-4480	
CITY-ST-ZIP	ENGIS (BELGIUM)	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WINKIN, JOEL	
STREET ADDRESS	144 RUE JOSEPH WAUTERS, B-4480	
CITY-ST-ZIP	ENGIS (BELGIUM)	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RUCKER, MICHAEL	
STREET ADDRESS	PO BOX 1473	
CITY-ST-ZIP	AUGUSTA GA 30903-1473	
TITLE		<input type="checkbox"/> Delete
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/03 706 771 3461**

CR2E034 (10/02)