2000 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2000 8:00 am Secretary of State DOCUMENT # P99000068184 1. Entity Name PRO-NAN, INC. 04-12-2000 90004 026 ***150.00 Principal Place of Business Mailing Address 780 MULLET DR. 780 MULLET DR. CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-4522 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FÉI Number Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROWLAND, ROBERT T JR. Street Address (P.O. Box Number is Not Acceptable) 780 MULLET DR. CAPE CANAVERAL FL 32920 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE ROWLAND, ROBERT T JR. NAME NAME 1435 AMBRA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME ROWLAND, ROBERT T NAME STREET ADDRESS 1845 N. HWY A1A.UNIT 201 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 Addition TITLE TITLE Delete PERALTA, VALREE A NAME NAME STREET ADDRESS STREET ADDRESS 1816 LAUREL OAK DR.,S. CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS 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 possignature 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