

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-13-2002 90071 005 ***150.00

DOCUMENT # P99000068184

1. Entity Name
PRO-NAN, INC.

Principal Place of Business

**780 MULLET DR.
 CAPE CANAVERAL FL 32920**

Mailing Address

**780 MULLET DR.
 CAPE CANAVERAL FL 32920**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3589310**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWLAND, ROBERT T JR.
 780 MULLET DR.
 CAPE CANAVERAL FL 32920**

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 *Karla Rowland Secretary*

Signature, typed or printed name of registered agent and state 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ROWLAND, ROBERT T JR.**
 STREET ADDRESS **1435 AMBRA DR.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **P** ☒ Change ☐ Addition
 NAME **Robert Rowland Jr.**
 STREET ADDRESS **469 W. 1st Way**
 CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE **D** ☐ Delete
 NAME **ROWLAND, ROBERT T**
 STREET ADDRESS **1845 N. HWY A1A, UNIT 201**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **ROWLAND, KARLA I**
 STREET ADDRESS **1435 AMBRA DR**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **S** ☒ Change ☐ Addition
 NAME **Rowland, Karla I**
 STREET ADDRESS **469 W. 1st Way**
 CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Karla Rowland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 321-783-3694

CR2E034 (9/01)