

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-16-2002 90080 026 ***150.00

DOCUMENT # P00000098268

1. Entity Name
RYAN'S MOTORS, INC.

Principal Place of Business
 37 SW 10 ST
 # B
 DANIA BEACH FL 33004

Mailing Address
 37 SW 10 ST
 # B
 DANIA BEACH FL 33004

2. Principal Place of Business
 37 SW 10 ST
 Suite, Apt. #, etc.
 # B
 City & State
 DANIA BEACH, FL 33004
 Zip
 FL 33004 Country
 USA

3. Mailing Address
 37 SW 10 ST
 Suite, Apt. #, etc.
 # B
 City & State
 DANIA BEACH FL
 Zip
 33004 Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1048455**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FUCHS, LAWRENCE M
590 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent
 Name **Ridings, William Jr. Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
2700 W Atlantic Blvd
Suite # 200-14
 City **Pompano Beach** FL Zip Code **33069**

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 *William J. Ridings Jr.* **WILLIAM J. RIDINGS, JR.** 6-10-02
 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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST EKENS, ERIKS 37 SW 10 ST # B DANIA BEACH FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

Date

Daytime Phone #

CR2E034 (9/01)