2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P01000047380 1. Entity Name RYAN DRYWALL & SVCS. INC. 04-29-2002 90002 034 ***150 Principal Place of Business Mailing Address 10024 CHESTNUT DRIVE 10024 CHESTNUT DRIVE HUDSON FL 34669 HUDSON FL 34669 2. Principal Place of Business 3. Mailing Address 10024 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State & State 4. FE! Number Applied For tudson lorid A Not Applicable ountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent N&N&6 RYAN, GENE L Street Address (P.O. Box Number is Not Acceptable) 10024 CHESTNUT DRIVE **HUDSON FL 34669** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee Will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME RYAN, GENE L NAME STREET ADDRESS 10024 CHESTNUT DRIVE STREET ADDRESS CITY-ST-ZIP HUDSON FL 34669 CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE Secretary Trensurer Change Addition NAME RYAN, JANET E NAME JANet E. Ry 10024 Ches STREET ADDRESS 10024 CHESTNUT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34669 Hudson FL 24669 Vice President ☐ Delete TITLE Change Addition NAME NAME JAMES W. KUAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUDGON FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 truefee 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.

Resident