

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90109 021 ***150.00

DOCUMENT # 374803

1. Entity Name

RYBER INC



DO NOT WRITE IN THIS SPACE

90056030

2. Principal Place of Business

US*1 E PETTWAY AV

3. Mailing Address

Box 531

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOBE SOUND FL

City & State

HOBE SOUND FL

4. FEI Number

59-1317573

Applied For

Not Applicable

Zip

33455

Country

US

Zip

33455

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HUGH A. TURNER

Street Address (P.O. Box Number is Not Acceptable)

103 FLORIDA AV

City **STUART**

FL

Zip Code

34994

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
PHILLIP SELBY
6933 SE BUNKER HILL DR
HOBE SOUND FL 33455

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
HUGH A. TURNER
103 FLORIDA AV
STUART FL 34994

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hugh A. Turner

HUGH A. TURNER

3/14/03

7722878090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)