

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90247 020 ***150.00

DOCUMENT # 645117

1. Entity Name
JOSEPH M. RYAN, P.A.



Principal Place of Business
**531 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334**

Mailing Address
**531 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334**



2. Principal Place of Business
4302 West Broward Boulevard

3. Mailing Address
4302 West Broward Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State
Plantation, FL 33317

City & State
Plantation, FL 33317

Zip

Country

Zip

Country

4. FEI Number **59-1949730**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, JOSEPH M.
531 EAST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334**

Name
RYAN, JOSEPH M.
Street Address (P.O. Box Number is Not Acceptable)
4302 West Broward Boulevard
Suite 300
City **Plantation** FL **33317**

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 _____ DATE **February 20, 2003**
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
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVT** ☐ Delete
NAME **RYAN, JOSEPH M.**
STREET ADDRESS **531 E. COMMERCIAL BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PVT** ☒ Change ☐ Addition
NAME **RYAN, JOSEPH M.**
STREET ADDRESS **4302 West Broward Boulevard, Suite 300**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE **D** ☐ Delete
NAME **RYAN, JOSEPH M.**
STREET ADDRESS **531 E. COMMERCIAL BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ Change ☐ Addition
NAME **RYAN, JOSEPH M.**
STREET ADDRESS **4302 West Broward Boulevard, Suite 300**
CITY-ST-ZIP **Plantation, Florida 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an affidavit with all other like empowered.

SIGNATURE: **JOSEPH M. RYAN, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 20, 2003 **(954) 791-9441**
Date Daytime Phone #

CR2E034 (10/02)