

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90490 049 \*\*\*150.00

**DOCUMENT # F01103**

1. Entity Name

**RYAN ARCHITECTURE, INC.**

Principal Place of Business

Mailing Address

**2335 E. ATLANTIC BLVD.  
 SUITE 402  
 POMPANO BEACH FL 33062  
 US**

**207 BANYANWOOD POINT  
 JUPITER FL 33458  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**50 SOUTH US HWY 1**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 207**

Suite, Apt. #, etc.

City & State

**JUPITER, FL**

City & State

4. FEI Number

**59-2048460**

Applied For

Not Applicable

Zip

Country

**33477**

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**J. STEPHEN RYAN**

**207 BANYANWOOD POINT  
 JUPITER FL 33458**

**STEPHEN J. RYAN**

7. Name and Address of New Registered Agent

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

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 **P** ☐ Delete  
 NAME **RYAN, STEPHEN J**  
 STREET ADDRESS **207 BANYONWOOD PT**  
 CITY-ST-ZIP **JUPITER FL 34458**

TITLE **V** ☐ Delete  
 NAME **RYAN, SABRINA L**  
 STREET ADDRESS **207 BANYONWOOD PT**  
 CITY-ST-ZIP **JUPITER FL 34458**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/02 561-745-5955**

Date

Daytime Phone #

CR2E034 (9/01)