

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # G37300

1. Entity Name
RYAN & UCHIN, INC.



Principal Place of Business

% WILLIAM GRADY RYAN
1144 SE 3RD AVENUE
FT. LAUDERDALE, FL 33316

Mailing Address

% WILLIAM GRADY RYAN
1144 SE 3RD AVENUE
FT. LAUDERDALE, FL 33316



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2349416

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, WILLIAM GRADY
1144 SE 3RD AVENUE
FT. LAUDERDALE, FL 33316

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000301963
04/13/05-80048-021 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RYAN, WILLIAM G
STREET ADDRESS 1144 SE THIRD AVE.
CITY-ST-ZIP FT LAUDERDALE, FL 00000,

TITLE STD
NAME UCHIN, MARLENE N.
STREET ADDRESS 1144 SE THIRD AVE.
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-2005 954-527-1388

Date

Daytime Phone #

MARLENE N. UCHIN