

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008773

1. Entity Name
RY-NO NETWORK SERVICES, L.L.C.

FILED

01 MAR 23 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2879 BRIDLEWOOD DR.
PALM HARBOR FL 34683
US

Mailing Address
2879 BRIDLEWOOD DR.
PALM HARBOR FL 34683
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3613236

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORMINGTON, WILLIAM M
2879 BRIDLEWOOD DR.
PALM HARBOR FL 34683

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME NORMINGTON, WILLIAM M MANAGER
STREET ADDRESS 2879 BRIDLEWOOD DR.
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE MGR
NAME NANCY, BLETZ M MANAGER
STREET ADDRESS 63 AMOSTOWN RD
CITY-ST-ZIP WEST SPRINGFIELD MA 01089 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003930112-0
-03/29/01--01100--027
*****50.00 *****50.00

TITLE GEN. MSG
NAME RYBACK, JAMES A GEN. MANAGER
STREET ADDRESS 614 BAYLAKE TRAIL
CITY-ST-ZIP OLDSMAR, FL 34677 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/01 727-773-9507

Date

Daytime Phone #

CR2E083 (11/00)