

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000008773**

1. Entity Name

RY-NO NETWORK SERVICES, L.L.C.**RYNO NETWORK SERVICES, LLC**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3613236**Applied For
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

**TITLE MGR
NAME RYBACK, JAMES A.
STREET ADDRESS 614 BAYLAKE TRAIL
CITY-ST-ZIP OLDSMAR, FL 34677**☐ Change☒ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition**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]*

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

Date

Daytime Phone #

**FILED
Jan 11, 2002 8:00 am
Secretary of State**

01-11-2002 90014 043 ****\$5.00



DO NOT WRITE IN THIS SPACE

0041509

CR2E083 (9/01)