

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90004 031 ***550.00

DOCUMENT # M80453

1. Entity Name
GLORIA L. RYAN, P.A.

Principal Place of Business

~~1919 NE 45TH STREET~~
~~SUITE 218~~
~~FT. LAUDERDALE FL 33308~~
~~US~~

Mailing Address

~~3011 NE 47TH STREET~~
~~FT. LAUDERDALE FL 33308~~
~~US~~

2. Principal Place of Business

CORPORATE OFFICE
 Suite, Apt. #, etc.
120 E OAKLAND PL 105

3. Mailing Address

2213 BROOKFIELD
 Suite, Apt. #, etc.
GREENS CIRCLE

City & State

FT. LAUDERDALE FL

City & State

SUN CITY CENTER FL

Zip
33334

Country
US

Zip
33573

Country
U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, GLORIA L.
3011 NE 47TH ST.
FT. LAUDERDALE FL 33308

2213 BROOKFIELD
GREENS CIRCLE
SUN CITY CENTER
FL 33573

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 *Gloria L Ryan*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/26/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RYAN, GLORIA L	
STREET ADDRESS	3011 NE 47TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORREGARO, JANET L	
STREET ADDRESS	6090 A MC DONOUGH DR	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *Gloria L Ryan* (GLORIA L RYAN)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/01 813-642-0617

Date

Daytime Phone #

CR2E034 (10/00)