

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90233 043 ***150.00

DOCUMENT # M80453

1. Entity Name

GLORIA L. RYAN, P.A.

Principal Place of Business

CORPORATE OFFICE
120 E OAKLAND PL 105
FORT LAUDERDALE FL 33334
US

Mailing Address

2213 BROOKFIELD
GREENS CIRCLE
SUN CITY CENTER FL 33573
US

80005657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Mailing Address

Suite, Apt. #, etc.

City & State
SUN CITY CENTER, FL

City & State

4. FEI Number

65-0045449

Applied For

Not Applicable

Zip
33573

Country
U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, GLORIA L.
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

[Signature] **N/A**

[Signature]

Signature, typed or printed name of registered agent and title, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
RYAN, GLORIA L.
2213 BROOKFIELD GREENS CIRCLE
SUN CITY CENTER FL 33573 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
BORREGARO, JANET L
6090 A MC DONOUGH DR
NORCROSS GA 30093 ☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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]* **GLORIA L. RYAN** 1/16/02 642-0617
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)