

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91199 003 \*\*\*150.00

**DOCUMENT # P00000005091**

1. Entity Name  
**THE RYDBERG LAW FIRM, P.A.**

Principal Place of Business

**400 N. TAMPA STREET  
 SUITE 2630  
 TAMPA FL 33602**

Mailing Address

**400 N. TAMPA STREET  
 SUITE 2630  
 TAMPA FL 33602**



2. Principal Place of Business

**400 N. Tampa Street**

Suite, Apt. #, etc.  
**Suite 1050**

City & State  
**Tampa, Florida**

Zip  
**33602**

Country  
**United States**

3. Mailing Address

**400 N. Tampa Street**

Suite, Apt. #, etc.  
**Suite 1050**

City & State  
**Tampa, Florida**

Zip  
**33602**

Country  
**United States**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3624463**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RYDBERG, THOMAS H  
 400 N. TAMPA STREET  
 SUITE 2630  
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Thomas H. Rydberg**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 1050  
 400 N. Tampa St.**  
 City **Tampa** FL **33602**

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 **Thomas H. Rydberg** **Thomas H. Rydberg** **4/30/02**  
 Signature, typed or printed name of registered agent and title if 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RYDBERG, THOMAS H</b>	
STREET ADDRESS	<b>2606 PROSPECT ROAD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RYDBERG, MARSHA G</b>	
STREET ADDRESS	<b>2606 PROSPECT ROAD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 persons empowered.

SIGNATURE: **Thomas H. Rydberg**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 813-221-2800**  
 Date Daytime Phone #

CR2E034 (9/01)