

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90023 021 \*\*\*150.00

DOCUMENT # P00000035102

1. Entity Name  
RYAN, PALMER & GAW, INC.



Principal Place of Business  
439 POWELL AVENUE  
LITTLE TORCH KEY FL 33042

Mailing Address  
439 POWELL AVENUE  
LITTLE TORCH KEY FL 33042

2. Principal Place of Business  
439 POWELL AVE  
Suite, Apt. #, etc.

3. Mailing Address  
439 POWELL AVE  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
LITTLE TORCH KEY, FL.

City & State  
LITTLE TORCH KEY, FL.

4. FEI Number 65-1004594

Applied For  
Not Applicable

Zip Country  
33042 U.S.

Zip Country  
33042 U.S.

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

## 6. Name and Address of Current Registered Agent

RYAN PALMER, ELIZABETH  
1123 W. NEW HAMPSHIRE ST.  
ORLANDO FL 32804

## 7. Name and Address of New Registered Agent

Name PHILLIP N. RYAN  
Street Address (P.O. Box Number is Not Acceptable)  
439 POWELL AVE  
City LITTLE TORCH KEY FL Zip Code 33042

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Phillip N. Ryan 1-7-03*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RYAN, PHILLIP N	439 POWELL AVENUE	LITTLE TORCH KEY FL 33042	
VP	RYAN, JUDITH A	1123 W NEW HAMPSHIRE STREET	ORLANDO FL 32804	
VP	PALMER, THOMAS B	4430 TIMBERLANE ROAD	LAKE WALES FL 33853	
VP	PALMER, ELIZABETH A	4430 TIMBERLANE ROAD	LAKE WALES FL 33853	
VP	GAW, MICHAEL T	211 LAKE SHORE DRIVE	SAINT CLOUD FL 34769	
VP	GAW, JENNIFER J	211 LAKE SHORE DRIVE	SAINT CLOUD FL 34769	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Phillip N. Ryan 1-7-03*  
305-289-2587

CR2E034 (10/02)