

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035464

1. Entity Name  
RYAN CONSULTING GROUP, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90123 047 \*\*\*150.00

Principal Place of Business  
713 BRITTANY LAKES LANE, SUITE 211  
ORLANDO FL 32828-7159

Mailing Address  
713 BRITTANY LAKES LANE, SUITE 211  
ORLANDO FL 32828-7159

2. Principal Place of Business  
1356 TALL MAPLE LOOP  
Suite, Apt. #, etc.

3. Mailing Address  
1356 TALL MAPLE LOOP  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
OVIEDO FLORIDA

City & State  
OVIEDO FLORIDA

4. FEI Number 59-3637524  
Applied For  
Not Applicable

Zip 32765-7785 Country U.S.A.

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

YOUNG, STEVEN MICHAEL  
713 BRITTANY LAKES LANE, SUITE 211  
ORLANDO FL 32828-7159

Name STEVEN MICHAEL YOUNG  
Street Address (P.O. Box Number is Not Acceptable)  
1356 TALL MAPLE LOOP  
City OVIEDO FL Zip Code 32765

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 *Steven M. Young* STEVEN M. YOUNG 1/18/01  
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, 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

| 11. OFFICERS AND DIRECTORS                     |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---------------------------------|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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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: *Steven M. Young* STEVEN M. YOUNG 1/18/01 407 771 7719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)