

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90053 004 ***150.00

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DOCUMENT # P00000039356

1. Entity Name
ASHLEY RYAN, INC.



Principal Place of Business *South*
~~7300 34TH AVENUE NORTH~~ 656 61st St. Mailing Address *Sc...*
~~ST. PETERSBURG FL 33710~~ 33707 ~~ST. PETERSBURG FL 33710~~ 33707



2. Principal Place of Business
656 61st St. South Suite, Apt. #, etc.
3. Mailing Address
656 61st St. South Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State *St. Petersburg, FL* City & State *St. Petersburg, FL*
Zip *33707* Country *USA* Zip *33707* Country *USA*
4. FEI Number **59-3642197** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RYAN, ASHLEY
~~7300 34TH AVENUE NORTH~~ 656 61st St. South
~~ST. PETERSBURG FL 33710~~ 33707
7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PD RYAN, ASHLEY 7300 34TH AVENUE NORTH 656 61 st St. South ST. PETERSBURG FL 33710 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>WILLIAM RYAN, INC. 7300 34TH AVENUE NORTH ST. PETERSBURG FL 33710</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ashley Ryan* SIGNATURE REQUIRED *Ashley Ryan* 9-5-03 727-347-3388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

attachment

80146847
PD00000089356

September 5th, 2003

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Annual Report Section

I Did not received the first notice of the business report, as I moved. Nothing was forwarded to my new address. I have noted the address change on this report.

Please waive the \$400.00 late fee, since I never received the first notice. I travel for my job and was gone during that time. This is the first and only time this has ever happened.

Thank you,
Ashley Ryan
Ashley Ryan, Inc.
656 61st. Street South
St. Petersburg, FL 33707
727-347-3388