12/14/2001 14:26 4984421 RYAN PAINTING PAGE 01

ANNUAL UNIFORM BUSINESS REPORT (UBR) P.2/2

1/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 14 PM 4:00

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****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000068558

1. Entity Name: Ryan Painting Inc

Principal Place of Business	Mailing Address
PO Box 975 Bonita Springs FL 34133 ⟷	27962 Lime ST Bonita Springs FL 34135

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3658395 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT RYAN
P.O Box 975 27962 Lime St
Bonita Spring FL 34133

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.

SIGNATURE ____ 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ROBERT RYAN 27962 Lime ST Bonita Spr FL 34133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 12/14/01 (941) 498-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

-2-

December 8, 2001

Jay Kassees

Dear Sir or Madam:

Thank you helping me with the Florida Department of State. I appreciate someone taking the time to understand my dilemma.

As per our phone conversation, I explained to you that our local post office we in the process of remodeling. Due to this fact, all of our mail was not received in a timely fashion.

Please find my enclosed check of $150.00. If you have any further questions please feel free to contact me at (941) 825-9595 or (941) 498-4421.

Sincerely,

Robert Ryan
Owner

Enclosure: check

[STREET ADDRESS] • [CITY/STATE] • [ZIP/POSTAL CODE]
PHONE: [PHONE NUMBER] • FAX: [FAX NUMBER]