

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90151 011 ***150.00

DOCUMENT # P00000081556

1. Entity Name
THOMAS RYAN ASSOCIATES, INC.

Principal Place of Business
433 EAST CASHEW
PUNTA GORDA FL 33955

Mailing Address
433 EAST CASHEW
PUNTA GORDA FL 33955

2. Principal Place of Business
252 W. MARION AVE

3. Mailing Address
252 W. MARION AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PUNTA GORDA FL

City & State
PUNTA GORDA FL

4. FEI Number
65-1040567

Applied For
 Not Applicable

Zip
33950

Country
CHARLOTTE

Zip
33950

Country
CHARLOTTE

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

6. Name and Address of Current Registered Agent

WOTITZKY, HAL F ESQ.
223 TAYLOR ST.
PUNTA GORDA FL 33950

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

TITLE
D-P-S
 NAME
GADBOIS, SHANNON
 STREET ADDRESS
433 EAST CASHEW
 CITY-ST-ZIP
PUNTA GORDA FL 33955

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANNON GADBOIS

4/27/01

Date

941-833-4777

Daytime Phone #

0538315

CR2E034 (10/00)