

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 90946 041 ***150.00

DOCUMENT # P00000116690

1. Entity Name
RYAN & REED, INC.

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|--|--|
| Principal Place of Business 498 PALM SPRINGS DR STE 100 ALTAMONTE SPRINGS FL 32701 | Mailing Address 498 PALM SPRINGS DR STE 100 ALTAMONTE SPRINGS FL 32701 |
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEL Number
59-3701863 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BIRD, ROBERT W
101 SOUTHWALL LANE STE 400
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name: **Robert W. Bird**
 Street Address (P.O. Box Number is Not Acceptable): **378 Centerpointe Cr, Ste 1238**
Altamonte Springs, FL 32701

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida.

SIGNATURE: *[Signature]* DATE: **4/23/01**
Signature, typed or printed name of registered agent or officer (if applicable) (NOTE: Registered agent title is required for non-reissuing)

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 NAME STREET ADDRESS CITY-ST-ZIP | D HUNT, JOE 498 PALM SPRINGS DR STE 100 ALTAMONTE SPRINGS FL 32701 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS 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 807, 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]* DATE: **4/23/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)