

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90293 025 ***150.00

DOCUMENT # P01000052113

1. Entity Name
RYALS DISTRIBUTORS, INC.

Principal Place of Business
RT 3 BOX 316
LAKE CITY FL 32025

Mailing Address
RT 3 BOX 316
LAKE CITY FL 32025



2. Principal Place of Business

RT 3 Box 316 Lake City FL

3. Mailing Address

RT 3 Box 316 LAKE CITY FL

DO NOT WRITE IN THIS SPACE

City & State

Lake City FL

City & State

Lake City FL

4. FEI Number

39-3733944

Applied For
 Not Applicable

Zip

32025

Country

Columbia

Zip

32025

Country

Columbia

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYALS, VALERIE W
RT 3 BOX 316
LAKE CITY FL 32025

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 *Valerie W. Ryals*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-02
 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, 2002 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 **President** ☐ Delete
 NAME **Valerie W. Ryals**
 STREET ADDRESS **RT 3 Box 316**
 CITY-ST-ZIP **Lake City, FL 32025**

TITLE **Vice President** ☐ Delete
 NAME **CHRIS PHILIP RYALS**
 STREET ADDRESS **RT 3, Box 316**
 CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: *Valerie W. Ryals*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 **386-7840270**
 Date Daytime Phone #

CR2EO34 (9/01)