

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State

09-09-2002 90012 013 ***150.00

DOCUMENT # P01000062243

1. Entity Name

MAGGIE D. RYAN, INC.

Principal Place of Business

**610 74TH AVE. N.
ST. PETERSBURG FL 33702**

Mailing Address

**610 74TH AVE. N.
ST. PETERSBURG FL 33702**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3729767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCVEAN, MARGARET H

610 74TH AVE. N.

ST. PETERSBURG FL 33702

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **MCVEAN, MARGARET H**
STREET ADDRESS **610 74TH AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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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
NAME
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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 **Margaret H. McVean** **MARGARET H. MCVEAN** **9/3/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attn: Chasen 43331 ~~811100~~
PO 6000 62243
Maggie D. Ryan, Inc.
Margaret McVean
610 74th Avenue No.
St. Petersburg, FL 33702

September 4, 2001

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

Dear Sir or Madam:

I am writing to request that you waive the late fee of \$400.00. I did not receive the first notice for filing this fee.

I have enclosed a check in the amount of \$150.00. Please let me know if you do not approve the request.

Thank you for your assistance.

Sincerely,
Margaret H. McVean
Margaret H. McVean
President



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 11, 2002

MAGGIE D. RYAN, INC.
610 74TH AVE. N.
ST. PETERSBURG, FL 33702

Subject: **MAGGIE D. RYAN, INC.**

Reference Number: **P01000062243**

/JN
ANNUAL REPORTS SECTION