

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000092387

1. Entity Name

Woodie Ryana Associates Inc

FILED

02 JUN 17 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Jacksonville

3. Mailing Address

3259 Salty Creek Rd

Suite, Apt. #, etc.

PO Box 600035

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Woodie Ryan

Street Address (P.O. Box Number is Not Acceptable)

3259 Salty Creek Rd

City

Jacksonville

FL

Zip Code

32223

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Woodie Ryan / President / Treasurer / Secretary / V.P.  
3259 Salty Creek Rd  
Jacksonville FL 32223

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

400005980414  
-06/25/02--01075--012  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Woodie Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003AB (12/01)



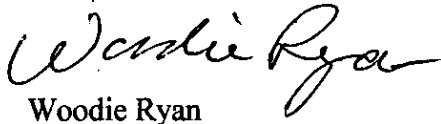
**WOODIE RYAN & ASSOCIATES, INC.**

Florida Dept of State  
Division of Corporations

To whom it May Concern:

Because I did not use this corporation in year 2001, I did not know that I was required to file a uniform business report. PLEASE ACCEPT THIS CHECK AND LET ME KNOW IF I NEED TO DO ANYTHING ELSE.

Regards,

  
Woodie Ryan

P. O. Box 600035  
Jacksonville, FL 32260  
(904) 463-6671