

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90090 036 \*\*\*150.00

**DOCUMENT # P02000083932**

1. Entity Name  
**RYCO CONSULTING, INC.**



Principal Place of Business  
**5064 CANDLEWOOD COURT  
LAKE WORTH FL 33467  
US**

Mailing Address  
**5064 CANDLEWOOD COURT  
LAKE WORTH FL 33467  
US**

00010100



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**2001 PALM BEACH LAKES BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**303**

City & State

City & State

**WEST PALM BEACH, FL**

Zip

Country

Zip

Country

**33409**

**USA**

4. FEI Number

**90-0044738**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAIRCLOUGH, MICHAEL J  
11380 PROSPERITY FARMS ROAD  
112  
PALM BEACH GARDENS FL 33410**

Name  
**MONIQUE PERRY**  
Street Address (P.O. Box Number is Not Acceptable)  
**5064 CANDLEWOOD COURT**  
City  
**LAKE WORTH** **FL** Zip Code  
**33467**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Malta Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P. <b>PERRY, MONIQUE 5064 CANDLEWOOD COURT LAKE WORTH FL 44467</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

**1/14/03** **561-644-1716**  
Date Daytime Phone #

CR2E034 (10/02)