

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90056 041 ***550.00

0132127 AT

DOCUMENT # **P02000093990**

1. Entity Name
SOUTH DEWEY, INC.



Principal Place of Business
**2909 MIDDLE RIVER DRIVE, UNIT #105
FT. LAUDERDALE FL 33304**

Mailing Address
**PO BOX 480360
FT. LAUDERDALE FL 33348-0360**

2. Principal Place of Business
change of address
1280 SW 3rd Terrace

3. Mailing Address
P.O. Box 480360



CHECK HERE IF MAKING CHANGES

City & State
Pompano Bch

City & State
Ft. Lauderdale FL

4. FEI Number
57-1149281

Applied For
 Not Applicable

Zip
33060

Country

Zip
33348-0360

Country
USA

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

**RYAN, RONALD D
2909 MIDDLE RIVER DRIVE, UNIT #105
FT. LAUDERDALE FL 33304**

Name
Ronald D. RYAN

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

1280 S.W. 3rd Terrace

City **Pompano Beach** **FL** Zip Code **33060**

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 *Ronald D. Ryan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **July 7, 2003**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make 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	D	<input checked="" type="checkbox"/> Delete
NAME	RYAN, RONALD D	
STREET ADDRESS	2909 MIDDLE RIVER DRIVE, UNIT #105	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRETTYMAN, JOSEPH H	
STREET ADDRESS	150 SMALL WOOD DRIVE	
CITY-ST-ZIP	CHOKOLOSKEE FL 34138	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGUINNESS, JOHN	
STREET ADDRESS	5302 NE 26TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, Ronald D	
STREET ADDRESS	1280 SW 3rd Terrace	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ronald D. Ryan* **Ronald D. RYAN** **7-7-03** **cell 954 249 1036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)