

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90062 023 ***150.00

DOCUMENT # P93000001056

1. Entity Name
RYAN & SLAPPEY, INC.



Principal Place of Business
**3798 OLD JENNINGS RD
MIDDLEBURG FL 32068
US**

Mailing Address
**3798 OLD JENNINGS RD
MIDDLEBURG FL 32068
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3155722**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

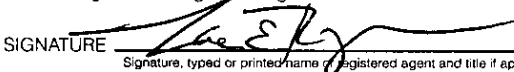
6. Name and Address of Current Registered Agent

**RYAN, ZAC
256 LAKE ASBURY DR
GREENCOVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name **Zac Ryan.**
Street Address (P.O. Box Number is Not Acceptable)
3019 Anderson Road
City **Green Cove Springs** **FL** Zip Code **32043**

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)

1/4/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS RYAN ZAC E.W. 256 LAKE ASBURY DR GREENCOVE SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN JEANNIE S. 256 LAKE ASBURY DR GREEN COVE SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS Ryan, Zac E.W. 3019 Anderson Road Green Cove Springs, FL 32043	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ryan Jeannie S. 3019 Anderson Road Green Cove Springs, FL 32043	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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

1/4/03 **(904) 291-1479**
Date Daytime Phone #

CR2E034 (10/02)