

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90103 045 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000030696

1. Entity Name

J. RYAN AND ASSOCIATES, INC.

Principal Place of Business

1119 HUNTINGTON LANE
SAFETY HARBOR FL 34695
US

Mailing Address

1119 HUNTINGTON LANE
SAFETY HARBOR FL 34695-5639
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DENNIS, NANCY
1119 HUNTINGTON LANE
SAFETY HARBOR FL 34695

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
DENNIS, NANCY
1119 HUNTINGTON LANE
SAFETY HARBOR FL

☐ Delete

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.1 of the Florida Statutes, Chapter 601, which relates to the filing of a report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, if the information is true and accurate and that my signature shall have the same effect as if the information was changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy J. Dennis

Nancy J. D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

Date _____ Daytime Phone # _____