

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049071

1. Entity Name

COTTER RYAN CONSTRUCTION, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90039 020 ***150.00

752381



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1220 DOUGLAS AVE 1220 DOUGLAS AVE
 UNIT 107A UNIT 107A
 LONGWOOD FL 32779 LONGWOOD FL 32779
 US 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 59-3189733 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RYAN, SCOTT H MR
 1220 DOUGLAS AVE
 UNIT 107A
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City Zip Code

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 of principal officer, if registered agent or officer, if applicable Name of Registered Agent, if not a change to the current registered agent Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐ FEE: NOWHERE FEE IS \$150.00 After JAN 1, 2001 Fee will be \$530.00 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RYAN, SCOTT H		NAME		
STREET ADDRESS	5111 BRENWOOD STREET		STREET ADDRESS		
CITY-STATE-ZIP	SANFORD FL 32771		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Block 12 if changed, or on an attachment with authority to execute this report.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Scott H. Ryan 4/2/01 407-786-7684

CR2E034 (10/00)