

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066386

1. Entity Name

RYZNER ENTERPRISES, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90102 049 ***150.00

Principal Place of Business

11503 RIVER COUNTRY DRIVE
RIVERVIEW FL 33569
US

Mailing Address

POST OFFICE BOX 924
RIVERVIEW FL 33475-1293
US

2. Principal Place of Business

9197 S.E. MYSTIC COVE TER PO BOX 1293

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOBE SOUND

City & State

HOBE SOUND

Zip

33455

Country

USA

Zip

33475

Country

USA

4. FEI Number

65-0436084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYZNER, JOHN
11503 RIVER COUNTRY DR.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name: JOHN RYZNER

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

9197 S.E. MYSTIC COVE TERRACE

City

HOBE SOUND

FL

Zip Code

33455

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

JOHN RYZNER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME RYZNER, JOHN
STREET ADDRESS 11503 RIVER COUNTRY DRIVE
CITY-ST-ZIP RIVERVIEW FL

☒ Delete

TITLE PRESIDENT
NAME JOHN RYZNER
STREET ADDRESS 9197 S.E. MYSTIC COVE TER
CITY-ST-ZIP HOBE SOUND, FL 33455

☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN RYZNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 JD 2857922

Date

Daytime Phone #