

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027736

1. Entity Name

RYAN COMMUNICATIONS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90064 049 ***150.00

Principal Place of Business

3100 RIVERSIDE DR.
 #311
 CORAL SPRINGS FL 33065

Mailing Address

3100 RIVERSIDE DR.
 #311
 CORAL SPRINGS FL 33065-5513

00047034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2330 UNIVERSITY DR

Suite, Apt. #, etc.

CORAL SPRINGS

City & State

FLA

Zip

33065

Country

USA

3. Mailing Address

2330 UNIVERSITY DR

Suite, Apt. #, etc.

CORAL SPRINGS

City & State

FLA

Zip

33065

Country

USA

4. FEI Number

65-0481128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RYAN, JOAN
 3100 RIVERSIDE DR.
 #311
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

SEIGEL, MARK

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

2330 UNIVERSITY DRIVE

CORAL SPRINGS

City

FL

Zip Code

33065

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 | D | <input type="checkbox"/> Delete |
| NAME | RYAN, JOAN | |
| STREET ADDRESS | 3100 RIVERSIDE DR., #311 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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:

JOAN RYAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

Daytime Phone #