

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056357

1. Entity Name

RYAN-GAEL ENTERPRISES, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90398 018 \*\*\*158.75

Principal Place of Business

11204 W. COLONIAL DR.  
OCOE FL 34761  
US

Mailing Address

11204 W. COLONIAL DR.  
OCOE FL 34761  
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

59-3334938

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORZENIOWSKI, WILLIAM E  
3100 OLD WINTER GARDEN ROAD  
APT # 622  
OCOE FL 34761

Name

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

City

FL

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, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD KORZENIOWSKI, WILLIAM E  
2601 EAGLES NEST COURT  
ORLANDO FL 32837 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD KORZENIOWSKI, WILLIAM E  
3100 OLD WINTER GARDEN ROAD #622  
OCOE, FL 34761 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01 (407) 523-3301  
Date Daytime Phone #

0433875

CR2E034 (10/00)