

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90027 012 ***550.00

DOCUMENT # P94000082962

1. Entity Name
LJ MANAGEMENT GROUP, INC.

Principal Place of Business
17941 BERMUDA DUNES DR
FT MYERS FL 33912

Mailing Address
PO BOX 446
ESTERO FL 33928-0446
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4735 Palm Beach Blvd
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 51284
 Suite, Apt. #, etc.

City & State
Fort Myers FL
 Zip
33905
 Country
USA

City & State
Fort Myers FL
 Zip
33994-1284
 Country
USA

4. FEI Number **65-0535103**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, MICHAEL P.
11115 LAKELAND CIRCLE
FT. MYERS FL 33913

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	RYAN, LYDIA A	
STREET ADDRESS	17941 BERMUDA DUNES DR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RYAN, JOHN E.	
STREET ADDRESS	17941 BERMUDA DUNES DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYAN, KEVIN D	
STREET ADDRESS	3426 N OAKLEY AVE	
CITY-ST-ZIP	CHICAGO IL 60618	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYAN, MICHAEL	
STREET ADDRESS	11115 LAKELAND CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDIA A. RYAN	
STREET ADDRESS	17286 PLUMERA LA.	
CITY-ST-ZIP	N FORT MYERS FL 33917	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E RYAN	
STREET ADDRESS	17286 PLUMERA LA	
CITY-ST-ZIP	N FORT MYERS FL 33917	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN D RYAN	
STREET ADDRESS	7002 SWAN WAY	
CITY-ST-ZIP	CARY IL 60013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-202

239-437-0717

CR2E034 (4/02)