2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063141

1. Entity Name

RYAN HOLLAND SERVICES, INC.

Principal Place of Business
16781 SW 278TH ST
HOMESTEAD FL 33031

Mailing Address

16781 SW 278TH ST HOMESTEAD FL 33031

·		-					
Suite, Apt. #, e	Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State	City & State		City & State				
Zip	Country	Zip	Country				

FILED Aug 20, 2002 8:00 am Secretary of State

08-20-2002 90126 003 ***550.00

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						()		6 (87) (18) (8)
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.								
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		FEI Number		I IAI	oplied For
					65-0601218	3 ⊢		ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired [3.75 Add	ditional
4	Name and Address of Curren	t Registered Agent		7.	Name and Address of New Regis		•	
Name			Name					·-·
HOLLAND, JANIE L 16781 SW 278TH ST		Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
HOMEST	EAD FL 33031-2725							
		City	FL Zip Code				Э	
8. The above the obliga	e named entity submits this statement fitions of registered agent.	or the purpose of changing its	registered office or reg	gistered ag	gent, or both, in the State of Florida	. I am fam	iliar with,	and accept
SIGNATURE								
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	: Registered Agent signature re	quired when r	einstating)	DATE	····	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 13, 2 Make Check Payable		! FEE IS \$550.00 , 2002 Fee will be \$ le to Department of	750.00 State	10. Election Campaign Financia Trust Fund Contribution.	ng 🔲		O May Be to Fees	
11.	OFFICERS AND DIRECTORS 12		12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIF	RECTORS	SIN 11
TITLE	PD	☐ Delete	TITLE				Change	Addition
name Street address	HOLLAND, JANIE L		NAME					
CITY-ST-ZIP	16781 SW 278TH ST HOMESTEAD FL 33031-2725		STREET ADDRESS CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE				Change	Addition
NAME	MOLLAND DVAN E		ALABET				90	

MULLAND, HYAN E. STREET ADDRESS 16781 SW 278ST STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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:

CR2E034 (4/02)