

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90107 004 ***550.00

DOCUMENT # P95000092077

1. Entity Name
THOMAS F. RYAN P.A.

Principal Place of Business

16430 76 TR N
 PALM BCH GDN FL 33418
 US

Mailing Address

16430 76 TR N
 PALM BCH GDN FL 33418
 US



2. Principal Place of Business

17781 S.E. Fed Hwy
 Suite, Apt. #, etc.

3. Mailing Address

17781 S.E. Fed Hwy
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tequesta FL

City & State

Tequesta FL

4. FEI Number **65-0618100**

Applied For
 Not Applicable

Zip

33409

Country

USA

Zip

33409

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, THOMAS F P.A.
 16430 76 TR N
 PALM BCH GDN FL 33418

7. Name and Address of New Registered Agent

Name
 RYAN, THOMAS F. P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 17781 S.E. Fed Hwy
 City
 Tequesta FL Zip Code
 33409

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]*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P/D	RYAN, THOMAS F.	16430 76 TR N	PALM BCH GDN FL 33418	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	RYAN, THOMAS F.	17781 S.E. Fed Hwy	Tequesta FL 33409	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 (961) 744-1050
 Date Daytime Phone #

CR2E034 (4/02)