

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000098049

1. Entity Name

RYALS EQUIPMENT CO., INC.

Principal Place of Business

Mailing Address

2600 EAST CRYSTAL LAKE AVENUE
ORLANDO FL 32846

2600 EAST CRYSTAL LAKE AVENUE
ORLANDO FL 32806-5078

2. Principal Place of Business

5401 S KIRKMAN RD

3. Mailing Address

5401 S KIRKMAN RD

Suite, Apt. #, etc.

505

Suite, Apt. #, etc.

505

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3358341

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYALS, JUETTE EARNEST
2600 CRYSTAL LAKE AVE
ORLANDO FL 32846

7. Name and Address of New Registered Agent

Name

RYALS, JUETTE EARNEST

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

5401 S KIRKMAN RD

STE 505

City

ORLANDO

FL

Zip Code

32819

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 reinstalling)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RYALS, MICHAEL JON
2600 EAST CRYSTAL LAKE AVENUE
ORLANDO FL 32846

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RYALS, DAVID ERNEST
2600 EAST CRYSTAL LAKE AVENUE
ORLANDO FL 32846

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
RYALS, JUETTE ERNEST
2600 EAST CRYSTAL LAKE AVENUE
ORLANDO FL 32846

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Juette Earnest Ryals
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-8551854

Date

3/13/00
Day/Mo/Yr

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90091 004 ***150.00



DO NOT WRITE IN THIS SPACE