2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000048037**

1. Entity Name
BRYAN CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
10571 NW 28TH COURT CORAL SPRINGS FL 33065	10571 NW 28TH COURT CORAL SPRINGS FL 33065

2. Principal Place of Business	3. Mailing Address
1507 SW MOCKINGBIRD CIRCLE	1507 SW MOCKINGBIRD CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST LUCIE FL	City & State: PORT ST LUCIE FL
Zip: 34986 / Country:	Zip: 34986 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0654653 ☐ 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
BRYAN RALPH J 10571 NW 28TH COURT CORAL SPRINGS FL 33065	Name: BRYAN RALPH J Street Address (P.O. Box Number is Not Acceptable): 1507 SW MOCKINGBIRD CIRCLE City: PORT ST LUCIE **FL** Zip Code: 34986

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 **RALPH J BRYAN** — 01/21/2001
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	D BRYAN RALPH J 10571 NW 28TH COURT CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN RALPH J 1507 SW MOCKINGBIRD CIRCLE PORT ST LUCIE FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: RALPH J BRYAN DIR 01/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #