

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90121 015 \*\*\*150.00

DOCUMENT # P960000068432

1. Entity Name  
ED RYCKMAN Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2600 Okechobee Road

3. Mailing Address  
—

Suite, Apt. #, etc.  
—

Suite, Apt. #, etc.  
—

DO NOT WRITE IN THIS SPACE

City & State  
FT PIERCE, FL

City & State  
—

4. FEI Number  
65-0679564

Applied For  
Not Applicable

Zip  
34947

Country  
United States

Zip  
—

Country  
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5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
EDWARD RYCKMAN

Street Address (P.O. Box Number is Not Acceptable)  
339 NW BAYONET PLACE

City  
Jensen Beach

FL

Zip Code  
34957

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
EDWARD RYCKMAN  
339 NW BAYONET PLACE  
JENSEN BEACH, FL 34957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Ryckman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-05 772-260-0582

Date

Daytime Phone #

CR2E034B (12/02)