

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069703

1. Entity Name

W.M. RYAN CONSTRUCTION, INC.

Principal Place of Business

9633 RICHMOND CIR
BOCA RATON FL 33434
US

Mailing Address

9633 RICHMOND CIR
BOCA RATON FL 33434
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0691850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, WILLIAM M
9633 RICHMOND CIR
#211
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

WILLIAM M. RYAN

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

9633 RICHMOND CIRCLE

City

BOCA RATON

FL

Zip Code

33434

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 WILLIAM M. RYAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

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 PD
NAME RYAN, WILLIAM M
STREET ADDRESS 9633 RICHMOND CIR
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

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: WILLIAM M. RYAN

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/01 561-4871295

Daytime Phone #

CR2E034 (10/00)

0006481

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90160 008 ***150.00



DO NOT WRITE IN THIS SPACE