

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90100 036 ***150.00

DOCUMENT # P97000016217

1. Entity Name
H. RIG, INC.



New Address

Principal Place of Business

Mailing Address



Dr. William T. Ryan
6850 NW 2nd Ave Apt 7
Boca Raton FL 33487-2331



Dr. William T. Ryan
6850 NW 2nd Ave Apt 7
Boca Raton FL 33487-2331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

City & State

Zip

Country

USA

Zip

Country

USA
John Beach



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0746082

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

RYAN, WILLIAM T
1470 NE 4TH AVE
BOCA RATON, FL 33432-1900

old



Dr. William T. Ryan
6850 NW 2nd Ave Apt 7
Boca Raton FL 33487-2331

new

Name

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

City

FL

Zip Code

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

William T. Ryan

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent Signature required when resigning)

March 07, 2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Dr. William T. Ryan
6850 NW 2nd Ave Apt 7
Boca Raton FL 33487-2331

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William T. Ryan
President

March 07, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)