2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000022410

1. Entity Name

RYBO 55, INC.



04-25-2003 90269 034 ***150.00

FILED
Apr 25, 2003 8:00 am
Secretary of State
0 4 25 2002 2026 22 4 **** 50 20

Principal Place of Business 4315 PABLO OAKS COURT. STE. 1 JACKSONVILLE FL 32224-9667		Mailing Address 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667			II II I 1011 1101 1101 1101 1101 1101		
2. Principal F	Place of Business	3. Mailing Address		T I BERNEUN NIU RONN KOMAK BENNI OCHNI CERNI EDNIKE	// MIN		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3431450	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent			
ATAMEA E ALIFATER IR			Name	Name .			
STOKES, E. CHESTER JR. 4315 PABLO OAKS CT SUITE 1			Street Addres	ss (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32224							
			City	FL	Zip Code		
	named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. 1 am	familiar with, and accept		
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		Election Campaign Financing Trust Fund Contribution. E	\$5.00 May Be Added to Fees		
10.	OFFICERS AND I	*	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME -	STOKES, E. CHESTER JR.	•	NAME				
STREET ADDRESS CITY-ST-ZIP	4315 PABLO OAKS COURT, STE. JACKSONVILLE FL 32224-9667	r	STREET ADDRESS CITY-ST-ZIP				
TITLE	V	☐ Delete	TITLE		, Change Addition		
NAME CERTARRES	BERGMANN, THOMAS C	4	NAME Street address				
STREET ADDRESS CITY-ST-ZIP	4315 PABLO OAKS COURT, STE. JACKSONVILLE FL 32224-9667	1			i		
TITLE			CITY-ST-ZIP				
	VT	☐ Delete			☐ Change ☐ Addition		
NAME	VT FREDENHAGEN, SHARON W	☐ Delete	CITY-ST-ZIP TITLE NAME		☐ Change ☐ Addition		
	VT FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, STE.	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐ Addition		
STREET ADDRESS	VT FREDENHAGEN, SHARON W	☐ Delete	CITY-ST-ZIP TITLE NAME		Change Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	VT FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, STE. JACKSONVILLE FL 32224-9667 S HICE, SHERRY	Delete 1 Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, STE. JACKSONVILLE FL 32224-9667 S HICE, SHERRY 4315 PABLO OAKS COURT, STE. JACKSONVILLE FL 32224-9667 V KUNKEL, JOHN C	Delete 1 Delete 1 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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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.

RSherry Hice Secretary

4/23/03

904/482-1100

Daytime Phone #