2001 UNIFORM BUSINESS REPORT (UBR)

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Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **P97000038233** ~ RYAN ENTERPRISES OF PENSACOLA, INC. 03-01-2001 90037 010 ***150.00 Principal Place of Business Mailing Address 503 EAST GOVERNMENT ST 503 EAST GOVERNMENT ST THIVAG PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3466892 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RYAN, JERRY R Street Address (P.O. Box Number is Not Acceptable) **503 EAST GOVERNMENT ST** PENSACOLA FL 32501 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Nake Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2E034 (10/00 ☐ Change TITLE PD Delete 7171.8 MAME. NAME RYAN, JERRY R STREET ADDRESS STREET ADDRESS 6821 KITTY HAWK CIRCLE CITY-ST-ZIP CHY-ST-7IP PENSACOLA FL 32506 ☐ Change Acdition Dolete TITLE 1171.8 NAME NAM-RYAN, KELLY L STREET ADDRESS STREET ADDRESS 6821 KITTY HAWK CIRCLE CITY-SE-7IP OITY-ST-712 PENSACOLA FL 32506 Change ☐ Addition TITLE Dalete TITLE NAME NAME RYAN, JAY A STREET ADDRESS STREET ADDRESS 6821 KITTY HAWK CIR CITY-ST-ZIP CITY - ST - 7IP PENSACOLA FL 32506 ☐ Chance Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREE! ADDRESS CIEY-ST-ZIP CITY-ST-ZIP 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 eath; 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 of the corporation or the receiver or trustee emp changed, or on an attachment with an address

PICER OR DIRECTOR

FILED