

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90128 046 ***150.00

0051437 AV

DOCUMENT # P97000038233

1. Entity Name

RYAN ENTERPRISES OF PENSACOLA, INC.

Principal Place of Business

**503 EAST GOVERNMENT ST
PENSACOLA FL 32501**

Mailing Address

**503 EAST GOVERNMENT ST
PENSACOLA FL 32501**

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

59-3466892

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, JERRY R
503 EAST GOVERNMENT ST
PENSACOLA FL 32501**

Name

(Acceptable)

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

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

(NOTE: Registered Agent must be a resident of Florida.)

DATE

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **RYAN, JERRY R**
CITY-ST-ZIP **6821 KITTY HAWK CIRCLE
PENSACOLA FL 32506**

TITLE ☒ Change ☐ Addition
NAME **President/Owner**
STREET ADDRESS **Ryan, Jerry R.**
CITY-ST-ZIP **14100 Old River Road, #C-235, Pensacola, FL 32507**

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **RYAN, KELLY L**
CITY-ST-ZIP **6821 KITTY HAWK CIRCLE
PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **RYAN, JAY A**
CITY-ST-ZIP **6821 KITTY HAWK CIR
PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2002 (850) 453 3422
Date Daytime Phone #

CR2E034 (9/01)