

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90069 008 \*\*\*150.00

**DOCUMENT # P97000051089**

1. Entity Name  
**RYANS CUSTOM UPHOLSTERY, INC.**

Principal Place of Business  
**942 S DEERFIELD AVENUE  
 DEERFIELD BEACH FL 33441**

Mailing Address  
**942 S DEERFIELD AVENUE  
 DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FGL Number **65-0756627**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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, KATHLEEN M  
 942 S DEERFIELD AVENUE  
 DEERFIELD BEACH FL 33441**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **D**  
 STREET ADDRESS **RYAN, KATHLEEN M**  
 CITY-ST-ZIP **841 NE 46 STREET  
 POMPANO BEACH FL 33064**

TITLE ☒ Change ☐ Addition  
 NAME **\***  
 STREET ADDRESS **2841 NE 46th Street**  
 CITY-ST-ZIP **Lighthouse Pt, FL 33064**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*  
*Carl F. Fisher III #P97000051089*

CERTIFIED PUBLIC ACCOUNTANT  
8061 WEST MCNAB ROAD  
TAMARAC, FLORIDA 33321  
TEL: (954) 742-0909  
FAX: (954) 724-9963

Division of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

August 16, 2002

RE: Ryans Custom Upholstery Inc  
Doc #P97000051089  
UBR 2002

To whom it may concern:

I'm writing on behalf of our client, Ryans Custom Upholstery, Inc. in reference to the UBR for 2002. Our client recently received in the mail a renewal form with penalties for the UBR Report for the year 2002. She has not received any notifications prior to this one. We are enclosing a check in the amount of \$150.00 to cover the renewal for the year 2002. With the information provided, she is asking for your consideration in abating the penalty.

Thanking you in advance for your prompt attention to this matter.

Sincerely,



Deborah F. Murano  
For the firm