

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90369 041 ***150.00

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DOCUMENT # P98000060880

1. Entity Name

RYAN EICHLER ENTERPRISES, INC.



Principal Place of Business
**5313 BOARDWALK STREET
HOLIDAY FL 34690**

Mailing Address
**5313 BOARDWALK STREET
HOLIDAY FL 34690**

2. Principal Place of Business

8422 Ashford Pl.

3. Mailing Address

8422 Ashford Pl.

Suite, Apt. #, etc.

TRINITY, FL

Suite, Apt. #, etc.

TRINITY, FL

City & State

34655 USA

City & State

34655 USA

Zip

Country

Zip

Country

4. FEI Number

59-3522217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EICHLER, RYAN
5313 BOARDWALK STREET
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name **EICHLER, RYAN**
Street Address (P.O. Box Number is Not Acceptable)
8422 Ashford Pl.
City **TRINITY** **FL** Zip Code **34655**

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

4/26/03

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 **P** ☐ Delete
NAME **EICHLER, RYAN**
STREET ADDRESS **5313 BOARDWALK STREET**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **P** ☒ Change ☐ Addition
NAME **EICHLER, RYAN**
STREET ADDRESS **8422 ASHFORD PL.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

4/26/03
Date

727-560-4538
Daytime Phone #

CR2E034 (10/02)