

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091865

1. Entity Name
DAVE RYAN ENTERPRISES, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90054 035 ***150.00

Principal Place of Business

**RT 8, BOX 8380
PALATKA FL 32177**

Mailing Address

**RT 8, BOX 8380
PALATKA FL 32177**

2. Principal Place of Business

4001 Reid St.

Suite, Apt. #, etc.

3. Mailing Address

4001 Reid St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palatka, FL 32177

City & State

Palatka, FL 32177

Zip

Country

Zip

Country

4. FEI Number **59-3540966**

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, LELIA M
RT 8, BOX 8380
PALATKA FL 32177**

Name

Street Address (P.O. Box Number is Not Acceptable)

4001 REID STREET

PALATKA

FL

32401

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.

(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 \$150.00
After MAY 1, 2001 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 **P** ☐ Delete
NAME **RYAN, DAVID M**
STREET ADDRESS **RT 8, BOX 8380**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☒ Change ☐ Addition
NAME **4001 REID ST**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **RYAN, LELIA M**
STREET ADDRESS **RT 8, BOX 8380**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☒ Change ☐ Addition
NAME **4001 REID ST**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 reports 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leilia M. Ryan

Date

4-16-01 (904) 328-9362

Daytime Phone #

CR2E034 (10/00)