

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90015 001 \*\*\*150.00

**DOCUMENT # P99000015853**

1. Entity Name

**D & R SHUTTERS, INC.**

Principal Place of Business

**427 TENNESSEE AVE., NE  
 ST PETERSBURG FL 33702**

Mailing Address

**427 TENNESSEE AVE., NE  
 ST PETERSBURG FL 33702**

2. Principal Place of Business

**Rt. 1, Box 75T**

3. Mailing Address

**Rt. 1, Box 75T**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ridgeland, SC**

City & State

**Ridgeland, SC**

Zip

**29936**

Country

**USA**

Zip

**29936**

Country

**USA**

4. FEI Number

**59-3559605**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RYAN, ROBERT W**

**427 TENNESSEE AVE., NE  
 ST PETERSBURG FL 33702**

7. Name and Address of New Registered Agent

Name

**Suzanne Ryan**

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

**6654 - 68th St. N.**

City

**Pinellas Park**

**FL**

Zip Code

**33781**

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

*Suzanne B. Ryan*

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

(NOTE: Registered Agent signature required when reinstating)

**4/26/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, BARBARA A 427 TENNESSEE AVE., NE ST PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RYAN, ROBERT W 427 TENNESSEE AVE., NE ST PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANLEY, SUZANNE B 6654 68TH STREET N. PINELLAS PARK FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Rt. 1, Box 75T Ridgeland, SC 29936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Rt. 1, Box 75T Ridgeland, SC 29936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
RYAN, SUZANNE B 6654 - 68th St. N.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara A. Ryan* **BARBARA A. Ryan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02 843-717-1746**

Date

Daytime Phone #

CR2E034 (9/01)