

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90209 035 ***150.00

DOCUMENT # **p99000038483**

1. Entity Name

D. W. BRYAN, INC.



DO NOT WRITE IN THIS SPACE

90090765

2. Principal Place of Business

1655 Hwy A1A

3. Mailing Address

1655 Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SATELLITE BEACH, FL

City & State

SATELLITE BEACH, FL

4. FEI Number

05-0913825

Applied For

Not Applicable

Zip

Country

Zip

Country

32937

32937

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRYAN, DAVID WAYNE

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

1655 Hwy A1A

City

SATELLITE BEACH

FL

Zip Code

32937

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	(PRESIDENT)
NAME	DAVID W. BRYAN
STREET ADDRESS	1655 HWY A1A
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	(VICE PRESIDENT)
NAME	KATHERINE BRYAN
STREET ADDRESS	1655 HWY A1A
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

DAVID WAYNE BRYAN

04/15/03

321-7778465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)