

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90392 011 \*\*\*150.00

**DOCUMENT # P99000071368**

1. Entity Name

**PARKER, RYAN & ASSOCIATES, INC.**

Principal Place of Business

**967 FELLSMERE ROAD  
 SUITE G  
 SEBASTIAN FL 32958**

Mailing Address

**967 FELLSMERE ROAD  
 SUITE G  
 SEBASTIAN FL 32958**

2. Principal Place of Business

**1511 US Hwy 1**

Suite, Apt. #, etc.

**Suite 204**

City & State

**Sebastian, FL**

Zip

**32958**

Country

3. Mailing Address

**1511 US Hwy 1**

Suite, Apt. #, etc.

**Suite 204**

City & State

**Sebastian, FL**

Zip

**32958**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0939312**

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

**LONG, CHARLES  
 967 FELLSMERE ROAD STE G  
 SEBASTIAN FL 32958**

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.

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	PD	<input type="checkbox"/> Delete
NAME	JUPIN, JOHN	
STREET ADDRESS	967 FELLSMERE ROAD, SUITE G	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LONG, CHARLES	
STREET ADDRESS	967 FELLSMERE ROAD, SUITE G	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1511 US Hwy 1 Suite 204	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1511 US Hwy 1 Suite 204	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, without other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-01**

Date

**561-589-3992**

Daytime Phone #

CR2E034 (10/00)