

# 2000 UNIFORM BUSINESS REPORT (UBR)

77

DOCUMENT # P99000086163

1. Entity Name

RYJO ENTERPRISES, INC.

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90024 042 \*\*\*150.00

08-30-2000 90002 001 \*\*\*400.00

Principal Place of Business

Mailing Address

4501 MANATEE AVE. W. #108  
 BRADENTON FL 34209

4501 MANATEE AVE. W. #108  
 BRADENTON FL 34209-3952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965026

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

BAKOS, BOB  
 4501 MANATEE AVE. W. #108  
 BRADENTON FL 34209

Name

BOB BAKOS

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

4501 MANATEE AVE. W. #108

City

BRADENTON

FL

Zip Code

34209

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

*Bob Bakos*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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, 2000 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 ☐ Delete  
 NAME PRESIDENT  
 STREET ADDRESS BOB BAKOS  
 CITY-ST-ZIP 4501 MANATEE AVE. W. #108  
 BRADENTON, FL 34209

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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 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:

*Bob Bakos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

941-650-7259

Daytime Phone #