

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91588 020 \*\*\*150.00

**DOCUMENT #** *P990000103061*

1. Entity Name

**RYAN HOWISON, INC.**

Principal Place of Business Mailing Address

1657 BRANDYWINE ROAD SAME  
 APT. 7313  
 W. PALM BEACH, FL 33409

**A0070431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 1657 BRANDYWINE RD.

3. Mailing Address  
 SAME

Suite, Apt. #, etc.  
 APT. #7313

Suite, Apt. #, etc.

City & State  
 WEST PALM BEACH, FL

City & State

Zip  
 33409

Country  
 U.S.

Zip

Country

4. FEI Number  
 65-0963688

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 HOWISON  
 1657 BRANDYWINE RD., #7313  
 WEST PALM BEACH, FL 33409

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  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 RYAN HOWISON  
 1657 BRANDYWINE RD., # 7313  
 WEST PALM BEACH, FL 33409

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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☐ Change ☐ 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:** *Ryan Howison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5/1/01*

*(561) 687-4720*