

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90131 009 ***150.00

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DOCUMENT # 653286

1. Entity Name
HAROLD C. RAMSEY, INC.



Principal Place of Business
**435 STAN DR
UNIT C
W. MELBOURNE FL 32904
US**

Mailing Address
**435 STAN DR
UNIT C
W. MELBOURNE FL 32904
US**

11001642



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1993160**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMSEY, CLINTON L.
435 STAN DR
UNIT C
MELBOURNE FL 32904**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P**
STREET ADDRESS **RAMSEY, CLINTON L.**
CITY-ST-ZIP **435 STAN DR UNIT C
MELBOURNE FL 32904**

TITLE
NAME
STREET ADDRESS **831 KOLN CT. NW**
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE
NAME **S**
STREET ADDRESS **BOLAND, MICHAEL J.**
CITY-ST-ZIP **2255 SHUTTLE CT APT 132
MELBOURNE FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **V**
STREET ADDRESS **ERWIN, JULIE**
CITY-ST-ZIP **1225 HEBERLING STREET
PALM BAY FL 32907**

TITLE
NAME
STREET ADDRESS **831 KOLN CT. NW**
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (321) 254-7633
Date Daytime Phone #

CR2E034 (10/02)