

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 08:00 AM
Secretary of State

DOCUMENT # N40424

1. Entity Name
RAMPERS, INCORPORATED

Principal Place of Business AIR PRODUCTS & CHEMICALS, INC. BOX 467 PENSACOLA FL 325920467	Mailing Address AIR PRODUCTS & CHEMICALS, INC. BOX 467 PENSACOLA FL 325920467
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2. Principal Place of Business AIR PRODUCTS & CHEMICALS, INC.	3. Mailing Address AIR PRODUCTS & CHEMICALS, INC.
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Suite, Apt. #, etc. 4575 HIGHWAY 90 EAST	Suite, Apt. #, etc. 4575 HIGHWAY 90 EAST
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City & State PACE FL	City & State PACE FL
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Zip 32571	Country US	Zip 32571	Country US
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4. FEI Number 59-3052393	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLOVER, LARRY
 4575 HIGHWAY 90 EAST
 PACE FL 32571 US

7. Name and Address of New Registered Agent

Name
GLOVER LARRY A
 Street Address (P.O. Box Number is Not Acceptable)
 4575 HIGHWAY 90 EAST
 City
 PACE **FL** Zip Code
 32571

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 **LARRY A. GLOVER**

05/07/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONIFAY W.J. JR. 1630 BUSH ST PENSACOLA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHENEVERT LINDA 5249 NIMITZ RD. MILTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEAHMANN LAURIE 3645 MARJEAN DR PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPPS MIKE 5662 BEALEFORD RD PACE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLOVER LARRY 4241 BELL LANE MILTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDENFIELD LUCY 5685 WINDSONG DR MILTON FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SASSE JASON 1514 MUIRFELD ROAD CANTONMENT FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BROOKS GARY L 4803 JENNIFER LANE PACE FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUCKETT CANDACE AVENDIA DE GALVEZ NAVARRE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GLOVER LARRY A 4241 BELL LANE PACE FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANCOCK HEIDI E 4801 JENNIFER LANE PACE FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: **HEIDI E. HANCOCK**

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05/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)