

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90374 035 ****61.25

DOCUMENT # N40424

1. Entity Name

RAMPERS, INCORPORATED

Principal Place of Business

Mailing Address

AIR PRODUCTS & CHEMICALS. INC.
4575 HIGHWAY 90 EAST
PACE FL 32571

AIR PRODUCTS & CHEMICALS. INC.
4575 HIGHWAY 90 EAST
PACE FL 32571

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3052393

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GLOVER, LARRY A
4575 HIGHWAY 90 EAST
PACE FL 32571

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

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** Delete
 NAME **HANCOCK, HEIDI E**
 STREET ADDRESS **4801 JENNIFER LANE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE Change Addition
 NAME **S/T HEDI HANCOCK**
 STREET ADDRESS **4801 JENNIFER LANE**
 CITY-ST-ZIP **PACE, FL. 32571**

TITLE **P/D** Delete
 NAME **GLOVER, LARRY A**
 STREET ADDRESS **4241 BELL LANE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PUCKETT, CANDACE**
 STREET ADDRESS **AVENDIA DE GALVEZ**
 CITY-ST-ZIP **NAVARRE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/D** Delete
 NAME **BROOKS, GARY L**
 STREET ADDRESS **4803 JENNIFER LANE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/D** Delete
 NAME **SASSE, JASON**
 STREET ADDRESS **1514 MUIRFELD ROAD**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 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: *[Signature]* REGISTERED BY **A. GLOVER** **7-02-02** **850-995-5422**

CR2E037 (4/02)