


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90519 003 ***150.00

DOCUMENT # P93000024068

1. Entity Name
R.A.M. CONSULTING & INVESTMENTS, INC.



Principal Place of Business
**14620 N NEBRASKA AVENUE
BLDG B
TAMPA FL 33613
US**

Mailing Address
**P.O. BOX 17135
TAMPA FL 33682
US**

J0011040



2. Principal Place of Business
15438 N. FLORIDA AVE

3. Mailing Address

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State

Zip
33613

Country

Zip
33613

Country

4. FEI Number **59-3174022**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FURLONG, RICHARD A
14620 N NEBRASKA AVENUE BLDG B
TAMPA FL 33613**

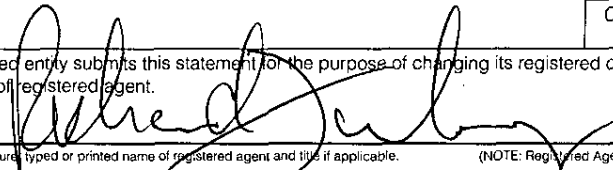
7. Name and Address of New Registered Agent

Name **RICHARD FURLONG**

Street Address (P.O. Box Number is Not Acceptable)
15438 N. FLORIDA AVE, #104

City **TAMPA** State **FL** Zip Code **33613**

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  DATE **01/07/2003**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

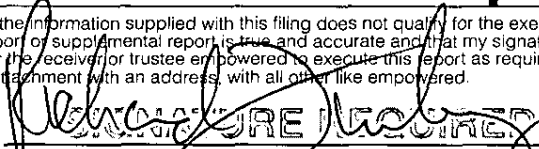
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME FURLONG, RICHARD A	
STREET ADDRESS 1019 GUI SANDO DE AVILA	
CITY-ST-ZIP TAMPA FL 33613	
TITLE VP	<input type="checkbox"/> Delete
NAME MONTENEGRO, CLAUDIA	
STREET ADDRESS 1019 GUI SANDO DE AVILA	
CITY-ST-ZIP TAMPA FL 33613	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLAUDIA FURLONG	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE **01/07/2003** DAYTIME PHONE # **813-287-9996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/02)