

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90011 046 ***150.00

DOCUMENT # P99000049130

1. Entity Name
RAM'S CONCRETE, INC.

Principal Place of Business
560 PINE ISLAND RD. #1
NORTH FORT MYERS FL 33903

Mailing Address
560 PINE ISLAND RD. #1
NORTH FORT MYERS FL 33903-3701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
560 Pine Island Rd.
 Suite, Apt. #, etc.
SUITE #1

3. Mailing Address
560 Pine Island Rd.
 Suite, Apt. #, etc.
SUITE #1

City & State
N. Ft. Myers, FL.

City & State
N. Ft. Myers, FL.

Zip - Country
33903 USA

Zip - Country
33903 USA

4. FEI Number
65-0945242

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MINNICK, RICHARD PRES.
524 N.W. 3RD LANE
CAPE CORAL FL 33993

7. Name and Address of New Registered Agent

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

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC J MINNICK <input type="checkbox"/> Delete SR. Vice PRES. 120 SE 1ST PLACE Cape Coral, FL. 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR. VICE PRES. <input type="checkbox"/> Delete RODNEY J. MINNICK 1313 Old Bridge Rd. N. Ft. Myers, FL. 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joann F. Minnick <input type="checkbox"/> Delete Sec./ Treas. 1313 Old Bridge Rd. N. Ft. Myers, FL. 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete Richard A. Minnick 524 N.W. 3rd Lane Cape Coral, FL. 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard A. Minnick, Pres. Date: 4-29-00 Daytime Phone #: 941-997-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)