

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

DOCUMENT # P99000049130

1. Entity Name
RAM'S CONCRETE, INC.

07-10-2001 90117 040 ***150.00
 09-21-2001 90002 038 ***400.00

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

2. Principal Place of Business 3. Mailing Address
 17300 Litchett Pkwy. 17300 Litchett Pkwy.
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
 Ft. Myers, FL Ft. Myers, FL
 Zip 33917 County Lee Zip 33917 County Lee

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
 524 N.W. 3RD LANE
 CAPE CORAL FL 33993

7. Name and Address of New Registered Agent
 Name **Richard A. Minnick**
 Street Address (P.O. Box Number is Not Acceptable) **17300 Litchett Parkway**
 City **Ft. Myers FL** Zip Code **33917**

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 **Richard A. Minnick** DATE **4-8-01**
Signature, typed or printed name of registered agent and state 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, 2001 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MINNICK, ERIC J 120 SE 1ST PL CAPE CORAL FL 33990 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MINNICK, RODNEY 1313 OLD BRIDGE RD. FORT MYERS FL 33917 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MINNICK, JOANN I 1313 OLD BRIDGE RD. FORT MYERS FL 33917 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MINNICK, RICHARD A 524 NW 3RD LN. CAPE CORAL FL 33993 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <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: **Joann I. Minnick** DATE **4-8-01** DAYTIME PHONE # **841-567-7934**
Signature and typed or printed name of signing officer or director

008834

CFR2E034 (10/00)