

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90033 016 \*\*\*150.00

DOCUMENT # **V13109**

1. Entity Name

**GPS, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**Box 18673**

3. Mailing Address

**Box 3153**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tampa FL**

City & State

**Eugene OR**

4. FEI Number

**59-3106854**

Applied For

Not Applicable

Zip

**33679**

Country

**USA**

Zip

**97403**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Ramey, Stephen P.**

Street Address (P.O. Box Number is Not Acceptable)

**4219 W Bay-to-Bay Blvd**

City

**Tampa**

FL

Zip Code

**33629**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when amending)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1: Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<b>D</b>
NAME	<b>Ramey, Stephen P</b>
STREET ADDRESS	<b>Box 3153</b>
CITY - ST - ZIP	<b>Eugene OR 97403</b>
TITLE	<b>D</b>
NAME	<b>Ramey, Marilyn G</b>
STREET ADDRESS	<b>1771 Post Rd East # 1329</b>
CITY - ST - ZIP	<b>Westport CT 06880</b>
TITLE	<b>D</b>
NAME	<b>Ramey, Ann P</b>
STREET ADDRESS	<b>47-29th St</b>
CITY - ST - ZIP	<b>San Francisco CA 94110</b>
TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/28/02 415-550-7411**

CR2E034B (12/01)