

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90111 032 ***150.00

DOCUMENT # 337173

1. Entity Name
RAMPMASTER INCORPORATED



Principal Place of Business
**6600 NW 32ND AVE
MIAMI FL 33147
US**

Mailing Address
**6600 NW 32ND AVE
MIAMI FL 33147
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1226464**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAVIS, ROBERT H III
9875 NE 12 TH AVE
MIAMI SHORES FL 33138**

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. 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

**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	P <input type="checkbox"/> Delete
NAME	DAVIS, ROBERT H., JR.
STREET ADDRESS	384 NE 94TH ST
CITY-ST-ZIP	MIAMI SHORES FL
TITLE	V <input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM A
STREET ADDRESS	405 NE 99 ST
CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	VST <input type="checkbox"/> Delete
NAME	DAVIS III, ROBERT H
STREET ADDRESS	9875 NE 12TH AVE
CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	D <input type="checkbox"/> Delete
NAME	WHITEMAN, WILLIAM E
STREET ADDRESS	1534 W. 78TH ST
CITY-ST-ZIP	HIALEAH FL
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	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Robert H Jr.
STREET ADDRESS	384 NE 94th St
CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Robert H III
STREET ADDRESS	9875 NE 12th Ave.
CITY-ST-ZIP	Miami Shores, FL 33138
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	
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:

SIGNATURE REQUIRED

Robert H. Davis III 4/9/03

305-691-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)