

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 427124

1. Entity Name

RAM OPTICAL, INC.

Principal Place of Business

4399 35 ST N
P O BOX 84000
ST PETERSBURG FL 33784

Mailing Address

4399 35 ST N
P O BOX 84000
ST PETERSBURG FL 33784-4000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2264474

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAYNE, JOHN W
4399 35TH STREET NORTH.
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name STANKIEWICZ, CY
Street Address (P.O. Box Number is Not Acceptable)
4399 35TH STREET NORTH
City ST. PETERSBURG FL Zip Code 33714

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 reinstating)

DATE

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 VT
NAME STANKIEWICZ, CY
STREET ADDRESS 3804 46TH AVE S.
CITY-ST-ZIP ST PETERSBURG, FL 0 ☐ Delete

TITLE V
NAME STEVENS, ROBERT E
STREET ADDRESS 9180 60 ST N
CITY-ST-ZIP PINELLAS PARK FL ☐ Delete

TITLE PD
NAME PAYNE, J. SCOTT
STREET ADDRESS 14 BELLEVUE DR
CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete

TITLE VD
NAME MOTTA, JOSEPH
STREET ADDRESS 14 BELLEVUE DR
CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete

TITLE D
NAME PAYNE, JOHN W
STREET ADDRESS 68 DOLPHIN DRIVE
CITY-ST-ZIP TREASURE ISLAND, FLO ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

CY STANKIEWICZ

04/17/00

Date

727-812-3008

Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90125 042 ***150.00

948459



DO NOT WRITE IN THIS SPACE