

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 662969

1. Entity Name

LEMUEL RAMOS AND ASSOCIATES, INC.

Principal Place of Business

4651 SALISBURY RD  
STE 400  
JACKSONVILLE FL 32256  
US

Mailing Address

P.O. BOX 4850  
JACKSONVILLE FL 32201-4850  
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

59-2008550

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOS, LEMUEL  
7428 SW 48TH STREET  
MIAMI FL 33155

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST  
NAME ROBERTSON, DAVID K  
STREET ADDRESS 4651 SALISBURY RD-STE 400  
CITY-ST-ZIP JACKSONVILLE FL 32256



Delete

TITLE VD  
NAME BARNES, DALE A  
STREET ADDRESS 300 S. PINE ISLAND RD-STE 300  
CITY-ST-ZIP PLANTATION FL 33324



Delete

TITLE D  
NAME JENKINS, LEEIE T  
STREET ADDRESS 4651 SALISBURY RD-STE 400  
CITY-ST-ZIP JACKSONVILLE FL 32256



Delete

TITLE V  
NAME ELLIS, LAWRENCE  
STREET ADDRESS 4651 SALISBURY RD-STE 400  
CITY-ST-ZIP JACKSONVILLE FL 32256



Delete

TITLE S  
NAME VERA, RAY  
STREET ADDRESS 7428 SW 48TH STREET  
CITY-ST-ZIP MIAMI FL 33155



Delete

TITLE S  
NAME GUEST, MARGARITA  
STREET ADDRESS 7428 SW 48TH STREET  
CITY-ST-ZIP MIAMI FL 33155



Delete

TITLE PSTC  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



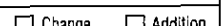
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



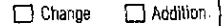
Change Addition

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CITY-ST-ZIP



Change Addition

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CITY-ST-ZIP



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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID K. ROBERTSON

Date

Daytime Phone

904-279-2115

REA 1/5/00

MLA 1/11/00

CR2E034 (9/99)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90022 026 \*\*\*158.75



DO NOT WRITE IN THIS SPACE