

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90132 033 ***158.75

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
10748 Deerwood Park Blvd.

3. Mailing Address
South

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

Zip
32256

Country
USA

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

**VERA, RAY
6161 BLUE LAGOON DR STE 200
MIAMI FL 33126**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10748 Deerwood Park Blvd. South ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BARNES, DALE A
300 S. PINE ISLAND RD-STE 300
PLANTATION FL 33324-0000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10748 Deerwood Park Blvd. South ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10748 Deerwood Park Blvd. South ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Kenneth R. Jacobson
10748 Deerwood Park Blvd. South
Jacksonville, FL 32256** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10748 Deerwood Park Blvd. South ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10748 Deerwood Park Blvd. South ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10748 Deerwood Park Blvd. South ☐ Change ☐ Addition

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

DAVID K. ROBERTSON

02/18/03

904-256-2116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)