

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90122 046 ***150.00

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DOCUMENT # 693495

1. Entity Name
RAMAR GROUP COMPANIES, INC.



Principal Place of Business
**741 SOUTH ORANGE AVENUE
SARASOTA FL 34236
US**

Mailing Address
**P.O. BOX 3377
SARASOTA FL 34230-9998**



2. Principal Place of Business
1840 PHILLIPPI SHORES DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 20708
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA, FL.
Zip
34231
Country
USA

City & State
SARASOTA, FL.
Zip
34276
Country
USA

4. FEI Number **59-2219762**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SEIDER, WILLIAM M
200 S. ORANGE AVE.
SARASOTA FL 34236**

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 NAME STREET ADDRESS CITY-ST-ZIP	CSD MORRIS, ROBERT A 741 S. ORANGE AVE SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RETFORD, JOHN P 741 S. ORANGE AVE SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGSTINER, JOHN 741 S. ORANGE AVE SARASOTA FL 34236	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD MORRIS, ROBERT A. 1840 PHILLIPPI SHORES DR. SARASOTA, FL. 34231	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RETFORD, JOHN P. 1840 PHILLIPPI SHORES DR. SARASOTA, FL. 34231	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGSTINER JOHN 1840 PHILLIPPI SHORES DR. SARASOTA, FL. 34231	☒ Change ☐ Addition
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

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 A. MORRIS, JR.** **4/10/03** **941-365-2545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)