

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000 993

1. Entity Name  
R.A.M. Communications Unlimited, Inc. ✓

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90050 007 \*\*\*150.00

Principal Place of Business Mailing Address  
434 Germain Ave  
Naples, FL 34108

2. Principal Place of Business 3. Mailing Address  
464 Conners Ave 464 Conners Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
P.O. Box 770124 P.O. Box 770124  
City & State City & State  
Naples, FL Naples, FL  
Zip City & State  
34107 USA 34107 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1846457 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  
Molyet, Ruth A Name  
434 Germain Ave Molyet, Ruth A  
Naples, FL 34108 Street Address (P.O. Box Number is Not Acceptable)  
464 Conners Ave  
City Naples FL Zip Code 34108

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 Ruth A. Molyet DATE 05-26-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	Molyet, Ruth A 434 Germain Ave Naples, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Molyet, Ruth A 464 Conners Ave (address) Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Ruth A. Molyet Ruth A. Molyet, Pres. DATE 05-26-00 941-592-6033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)