

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90043 019 ***150.00

DOCUMENT # H25094
 1. Entity Name
R & N INVESTMENTS, INC.

Principal Place of Business: **606 BALD EAGLE DR., SUITE 500 MARCO ISLAND FL 341-45US**
 Mailing Address: **PO BOX ONE MARCO ISLAND FL 34146 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State

4. FEI Number **59-2493187**
 Applied For: Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
WOODWARD, CRAIG R.
606 BALD EAGLE DR., SUITE 500
ISLAND TOWER BLDG
MARCO ISLAND FL 34145

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.

SIGNATURE _____ DATE _____
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, 2002 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	P	<input type="checkbox"/> Delete
NAME	RAMAGE, DAVID A.	
STREET ADDRESS	2200 LIBRARY CIRCLE	
CITY-ST-ZIP	GRAND FORKS ND	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAMAGE, TROY G.	
STREET ADDRESS	2200 LIBRARY CIRCLE	
CITY-ST-ZIP	GRAND FORKS ND	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMAGE, TODD, D	
STREET ADDRESS	2200 LIBRARY CIRCLE	
CITY-ST-ZIP	GRAND FORKS ND	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAMAGE, JOYCE	
STREET ADDRESS	2200 LIBRARY CIR.	
CITY-ST-ZIP	GRAND FORKS ND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *David A. Ramage* **ORIGINALS REQUIRED** 2-28-02 (701) 772-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)