2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H68773** Mar 03, 2000 8:00 am 1. Entity Name Secretary of State RAM INTERNATIONAL, INC. 03-03-2000 90255 002 ***150.00 Mailing Address Principal Place of Business 499 129RD CIRCLE NORTH 7133 123RD CIRCLE NORTH LARGO FL-34643 LARGO FL 33773-5997 **0 I 0 0 I 0** 2. Principal Place of Business 3. Mailing Address 7303 124th Avenue 7303 124th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2566537 Not Applicable Zip 33773~3010 Country \$8.75 Additional 5. Certificate of Status Desired 33773-3010 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOVER, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 7133 123RD CIRCLE NORTH 7303 124th Avenue LARGO FL 34643 ---3010 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. Michael J. Stover **President** SIGNATURI (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ☐ Delete TITLE ☐ Change ☐ Addition TITLE STOVER, MICHAEL J. NAME NAME STREET ADDRESS 2175 CHAPARRAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL VPD** ☐ Change ☐ Addition TITLE ☐ Delete TITLE KANE, JOHN E. NAME STREET ADDRESS 2784 WESTCHESTER DR. N. STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition SWAN, DAVID S., JR. NAME NAME STREET ADDRESS -300 S. DUNCAN AVE. #236- STREET ADDRESS 2364 Sunset Point Rd. CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP Clearwater, FL 33765 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attashment with an address, with all other like empowered Michael J. Stover

Président

2-17-00

727-535-4611

Daytime Phone #