

2002 UNIFORM BUSINESS REPORT (UBR)

0134611 AT

DOCUMENT # **J83794**

1. Entity Name
CLAMCO, INC.

FILED

02 NOV 14 PM 6:31

Principal Place of Business

**DBA RAMP RAW BAR
20 SEAWAY DR.
FT. PIERCE FL 34946**

Mailing Address

**DBA RAMP RAW BAR
20 SEAWAY DR.
FT. PIERCE FL 34946**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1009 Seaway Dr.
Suite, Apt. #, etc.

3. Mailing Address

1009 Seaway Dr.
Suite, Apt. #, etc.

City & State

FT. Pierce FL

City & State

FT. Pierce FL

4. FEI Number **59-2830641**

Applied For
Not Applicable

Zip

34949

Country

USA

Zip

34949

Country

USA

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

6. Name and Address of Current Registered Agent

**LONGSTREET, JAMES A
614 FABER AVE.
FT. PIERCE FL 34949**

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

James A Longstreet
Signature, typed or printed name of registered agent and title if applicable

James A Longstreet
(NOTE: Registered Agent signature required when reinstating)

Nov 12 2002
DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **P LONGSTREET, JAMES A**
STREET ADDRESS **614 FABER AVE.**
CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE ☐ Delete
NAME **V LONGSTREET, ROBIN R**
STREET ADDRESS **614 FABER AVE.**
CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **600008604986**
CITY-ST-ZIP **10/28/02--01032--012 **750.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 1 2002 712-468-0760
Date Daytime Phone #

CR2E034 (4/02)