2003 FOR PROFIT CORPORATION

Mar 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) K28261 **DOCUMENT #** 03-12-2003 90115 030 ***150.00 1. Entity Name RAMAPO VENTURES, INC. Mailing Address Principal Place of Business 1931 SE TWIN BRIDGE CIR. 1931 SE TWIN BRIDGE CIR. OCALA FL' 34471 OCALA FL 34471 US 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-2902900 City & State City & State Not Applicable \$8.75 Additional Zip Country \Box Certificate of Status Desired Country Zip Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EEKHOUT, RANDY K. Street Address (P.O. Box Number is Not Acceptable) 1931 SE TWIN BRIDGE CIR. OCALA FL 34471 Zip Code City 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. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change TITLE ☐ Delete PSD TITLE. NAME EECKHOUT, RANDY K. NAME STREET ADDRESS 1931 SE TWIN BRIDGE CIR. STREET ADDRESS City-ST-ZIP OCALA FL 34471 CITY-ST-ZIE Addition □ Change Delete TITLE TITLE 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-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME

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. CITY-ST-ZIP

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SIGNATURE:

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Excessor 310/03 357-867
Date Date Dayline Phone

☐ Change

☐ Addition

FILED