

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K38279

1. Entity Name

RAMP ENGINEERING, INC.

Principal Place of Business

5290 95 ST NO
UNIT F
ST PETERSBURG FL 33708
US

Mailing Address

5290 95 ST NO
UNIT F
ST PETERSBURG FL 33708-3734
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2913899

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

LARSON, ROGER A
911 CHESTNUT ST
CLEARWATER FL 33756

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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 VCEO
NAME SMITH, DAVID C. ☐ Delete
STREET ADDRESS 5960 OAKHURST DR
CITY-ST-ZIP SEMINOLE FL

TITLE V, P, CEO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME HORST, ELLEN ☐ Delete
STREET ADDRESS 1180 PARK BLVD NO
CITY-ST-ZIP SEMINOLE FL

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

TITLE PD ☒ Delete
NAME SMITH, EDITH E.
STREET ADDRESS 5960 OAKHURST DR.
CITY-ST-ZIP SEMINOLE FL

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

TITLE D
NAME SHARP, TED ☐ Delete
STREET ADDRESS 5111 66TH ST. N. STE 403
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D
NAME FAUBION, WILLIAM ☐ Delete
STREET ADDRESS 57 HERITAGE PARKWAY
CITY-ST-ZIP SCOTIA NY

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

TITLE D
NAME FAUBION, DIANE ☐ Delete
STREET ADDRESS 57 HERITAGE PARKWAY
CITY-ST-ZIP SCOTIA NY

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

David C. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
Date

727-399-2976
Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90062 008 ***150.00

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DO NOT WRITE IN THIS SPACE

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