2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY -1 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008178

1. Entity Name
RAM MARKETING GROUP, LLC

Principal Place of Business	Mailing Address
1829 UPPER COVE TERRACE SARASOTA FL 34231	1829 UPPER COVE TERRACE SARASOTA FL 34231-5437

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1829 Upper Cove Terrace	1829 Upper Cove Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State: Sarasota FL.
Zip: 34231 Country: Sarasota.	Zip: 34231 Country: Sarasota.

4. FEI Number: 59-3610856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, NORMAN 1829 UPPER COVE TERRACE SARASOTA FL 34231	Name: Norman Moore Street Address (P.O. Box Number is Not Acceptable): 1829 Upper Cove TT City: Sarasota **FL** Zip Code: 34231

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 N/A N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

100003264051--7
-05/23/00--01108--004
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, NORMAN 1829 UPPER COVE TERRACE SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, JOAN 1829 UPPER COVE TERRACE SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Norman Moore Norman Moore 2/03/00 941-927-7127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #