

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001094

1. Entity Name

RAMPHASTTOS, LLC

Principal Place of Business

2309 PAULETTE DR.
HAINES CITY FL 33844

Mailing Address

2309 PAULETTE DR.
HAINES CITY FL 33844

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

02-0490542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARNEY, KATHY
2309 PAULETTE DR.
HAINES CITY FL 33844

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.

SIGNATURE Kathy Varney

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

Kathy J Varney

(NOT Registered Agent signature required when reinstating)

4/25/01

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS BUNNING, PAUL
CITY-ST-ZIP 9026A LIBBY RD., N.E.
OLYMPIA WA 98506

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS BUTLER, THOMAS Y
CITY-ST-ZIP 2 RIVERVIEW COURT
DURHAM NH 03824

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS VARNEY, KATHY J
CITY-ST-ZIP 2309 PAULETTE DR.
HAINES CITY FL 33844

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500004274095--6
CITY-ST-ZIP -05/21/01--01141--016
*****50.00 *****50.00

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

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

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

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

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

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:

Kathy J Varney

4/25/01

863-421-1937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0019882 AF



DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

01 MAY -1 PM 5:45