

2002 UNIFORM BUSINESS REPORT (UBR)

5/28

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-28-2002 91773 007 ****61.25

DOCUMENT # N01000001120

1. Entity Name

KREIDER RAMS, INC.

Principal Place of Business

Mailing Address

**5114 EAST BROADWAY
TAMPA FL 33619**

**5114 EAST-BROADWAY
TAMPA FL 33619**

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

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

**AMASON, SUE E
5114 EAST BROADWAY
TAMPA FL 33619**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input type="checkbox"/> Delete
NAME	Larry G. Moyer	
STREET ADDRESS	3704 Southview	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	D.	<input type="checkbox"/> Delete
NAME	Sue E. Amason	
STREET ADDRESS	509 N. Everim Cir	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE	D.	<input type="checkbox"/> Delete
NAME	Cheryl Badgett	
STREET ADDRESS	503 Moore Ave	
CITY-ST-ZIP	Seffner, FL 33583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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.

SIGNATURE: Sue E. Amason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

813-241-2307

Daytime Phone #

CR2E037 (9/01)