

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90134 047 ***150.00

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DOCUMENT # P0000061824

1. Entity Name
RAM'S AUTO CENTER, INC.



Principal Place of Business
**3100 PALM BAY RD
1
PALM BAY FL 32905**

Mailing Address
**961 HAAS AVE. N.E.
PALM BAY FL 32907**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2100 Palm Bay Rd.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Palm Bay, FL

City & State

4. FEI Number
59-3659526

Applied For
Not Applicable

Zip
32905

Country
USA

Zip

Country

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

**ZIES, G. PHILIP J
15 SILVER PALM AVE.
MELBOURNE FL 32901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P**
STREET ADDRESS **RAMHARRACK, HERMAN**
CITY-ST-ZIP **961 HAAS AVE. N.E.
PALM BAY FL 32907**

TITLE Change Addition
NAME **PRESIDENT / MANAGER**
STREET ADDRESS **HERMAN RAMHARRACK**
CITY-ST-ZIP **961 HAAS AVE NE
PALM BAY FL 32907**

TITLE Delete
NAME **VP**
STREET ADDRESS **RAMHARRACK, OLGA**
CITY-ST-ZIP **961 HAAS AVE. N.E.
PALM BAY FL 32907**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **M**
STREET ADDRESS **RAMHARRACK, ROBERT**
CITY-ST-ZIP **961 HAAS AVE. N.E.
PALM BAY FL 32907**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T**
STREET ADDRESS **RAMHARRACK, RICARDO**
CITY-ST-ZIP **961 HAAS AVE NE
PALM BAY FL 32907**

TITLE Change Addition
NAME **VICE PRESIDENT / TREASURER**
STREET ADDRESS **RICARDO RAMHARRACK**
CITY-ST-ZIP **961 HAAS AVE NE
PALM BAY FL 32907**

TITLE Delete
NAME **S**
STREET ADDRESS **RAMHARRACK, RACQUEL**
CITY-ST-ZIP **961 HAAS AVE NE
PALM BAY FL 32907**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 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.

SIGNATURE: *Ramharrack* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)