

# 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.

Suite, Apt. #, etc.  
**1**

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

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

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE  Delete  
NAME **S**  
**RAMHARRACK, RACQUEL**  
STREET ADDRESS **961 HAAS AVE NE**  
CITY-ST-ZIP **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)