

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90061 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117799

1. Entity Name
BV-RAM, INC.

Principal Place of Business
1430 KENILWORTH STREET
SARASOTA, FL 34231

Mailing Address
1430 KENILWORTH STREET
SARASOTA, FL 34231

00036981

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
P.O. BOX 5722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FL

4. FEI Number
65-1071823

Applied For
Not Applicable

Zip

Country

Zip
34277

Country
USA

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

SEIDER, WILLIAM M.
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

March 5, 2001

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW WILL BE \$150.00
After MAY 1, 2001 THE WILL BE \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MORRIS, ROBERT A., JR.
1430 KENILWORTH ST.
SARASOTA, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MORRIS, ROBERT A., III
1430 KENILWORTH ST.
SARASOTA, FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director
ROBERT A. MORRIS, JR.

March 5, 2001 941 923-9404

Date

Daytime Phone

CR2E034 (11/00)