

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90071 025 ***150.00

DOCUMENT # P01000005666

1. Entity Name
RAMSEY'S CREATIVE ELEMENTS, INC.



Principal Place of Business
4817 MILTON ST STE 5
CAPE CORAL FL 33904

Mailing Address
4817 MILTON ST STE 5
CAPE CORAL FL 33904

11007070



2. Principal Place of Business

16260 Saddlewood Ln
Suite, Apt. #, etc.

3. Mailing Address

16260 Saddlewood Ln
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Cape Coral, FL
Zip
33991
Country
USA

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Cape Coral FL
Zip
33991
Country
USA

4. FEI Number **65-1072841**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAMSEY, STEPHEN J
4817 MILTON ST STE 5
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
16260 Saddlewood Ln
City **Cape Coral** **FL** **Zip Code** **33991**

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 *Stephen Ramsey*
(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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	RAMSEY, STEPHEN J	4817 MILTON ST STE 5 CAPE CORAL FL 33904	
	Ramsey Stephen	16260 Saddlewood Ln	Cape Coral, FL 33991	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Stephen Ramsey* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (10/02)