

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91052 037 ***150.00

DOCUMENT # P01000056968

1. Entity Name
J.R. RAMM LIMITED, INC.



Principal Place of Business
**5546 10 AVE
FT MYERS FL 33907**

Mailing Address
**P.O. BOX 61343
FT MYERS FL 33906-1343**



2. Principal Place of Business
5546 Tenth Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **02-0556542**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, RAY PAUL
5546 10 AVE
FT MYERS FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

5546 Tenth Avenue

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 *Ray P. Carlson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3.7.03
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 **DPST** ☐ Delete
NAME **CARLSON, RAY P**
STREET ADDRESS **5546 10 AVE**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
NAME **5546 10th Ave**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CARLSON, DON P**
STREET ADDRESS **16307 HORIZON RD**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Ray P. Carlson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.7.03
Date

28275.6185
Daytime Phone #

0516578
AV

CR2E034 (10/02)