

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90380 014 ***150.00

DOCUMENT # P01000066405

1. Entity Name
RAMOCER, INC.

Principal Place of Business
% ALL SAFE MINI STORAGE
190 S. LOWDER ST.
MACLENNY FL 32063

Mailing Address
% ALL SAFE MINI STORAGE
190 S. LOWDER ST.
MACLENNY FL 32063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3743102

Applied For

Not Applicable

Zip

Country

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

CERNICKY, ALLEN
~~**1419 ORKNEY DR.**~~
~~**LEESBURG FL 34788**~~

Name **ALLEN CERNICKY**

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

6229 W. THOMAS CIRCLE

City **MACLENNY**

FL

Zip Code **32063**

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

[Signature]

ALLEN CERNICKY

7/26/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D**
STREET ADDRESS **CERNICKY, ALLEN**
CITY-ST-ZIP **1419 ORKNEY DR. LEESBURG FL 34788**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6229 W. THOMAS CIRCLE**
CITY-ST-ZIP **MACLENNY, FL 32063**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CERNICKY, RAMONA**
CITY-ST-ZIP **1419 ORKNEY DR. LEESBURG FL 34788**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6229 W. THOMAS CIRCLE**
CITY-ST-ZIP **MACLENNY, FL 32063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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CITY-ST-ZIP

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]
RAMONA CERNICKY

Date

Daytime Phone #

7-26-02 - 904-259-3656

CR2E034 (4/02)

Attachment
Dr. # 01000066405 -

July 26, 2002

To: Division of Corporations
Uniform Business Report Filings

From: Ramocer, Inc.

We have just received notice of our corporate filing requirement along with a fee payment request of \$550.00.

We were told that we should have received a similar form along with a fee request of \$150.00 prior to May 1st of this year.

Unfortunately, we did not receive the May 1st mailing.

This may have occurred because, when forming our corporation, my husband Allen (Registered Agent) and I lived in Leesburg, Fl.

It is our hope that you will accept the enclosed payment of \$150.00 as requested in the May 1st as full payment of our obligation.

Thank you for your consideration.

Sincerely,

Ramona Cernicky

Ramona Cernicky, President

Ramocer, Inc.

190 S. Lowder St.

Macclenny, Fl. 32063