

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91804 031 ***150.00

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DOCUMENT # P01000092382	
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1. Entity Name
RAMA-RAMA IMPORTS, INC.

Principal Place of Business
**15006 US HWY 19
HUDSON FL 34667**

Mailing Address
**15006 US HWY 19
HUDSON FL 34667**

2. Principal Place of Business
15506 US HIGHWAY 19

3. Mailing Address
978 THORN ROSE LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HUDSON, FL

City & State
CHARLOTTESVILLE, VA

Zip
34667

Country
USA

Zip
22902

Country
USA

4. FEI Number
59-3741376

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOVELACE, WILLIAMS K ESO
401 S LINCOLN AVE
CLEARWATER FL**

7. Name and Address of New Registered Agent

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

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

(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

TITLE **D** ☐ Delete
NAME **CARR, ERIC**
STREET ADDRESS **15006 US HWY 19**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **CARR, ERIC**
STREET ADDRESS **978 THORN ROSE LANE**
CITY-ST-ZIP **CHARLOTTESVILLE VA 22902**

TITLE **TECHNICAL DIRECTOR** ☐ Change ☒ Addition
NAME **OOI, BEN**
STREET ADDRESS **978 THORN ROSE LANE**
CITY-ST-ZIP **CHARLOTTESVILLE, VA 22902**

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

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

TITLE ☐ Change ☐ Addition
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

SIGNATURE REQUIRED CARR

APRIL 30, 2003 (727) 647-6219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)