

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 012 ***150.00

DOCUMENT # *P01000093228*

1. Entity Name
R.A.M. Tech Software Co. ✓

851689

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

141 Stevens Road

3. Mailing Address

141 Stevens Rd

Suite, Apt. #, etc.

No. 7

Suite, Apt. #, etc.

No. 7

DO NOT WRITE IN THIS SPACE

City & State

Oldsmar, FL

City & State

Oldsmar, FL

4. FEI Number

59-3746563

Applied For

☐ Not Applicable

Zip

34677

Country

Pinellas

Zip

34677

Country

Pinellas

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

David J. McGuigan

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

141 Stevens Rd, Suite 7

City

Oldsmar

FL

Zip Code

34677

**DO NOT WRITE
IN THIS SPACE**

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 *David J. McGuigan, Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE *President & Director*
NAME *David J. McGuigan*
STREET ADDRESS *141 Stevens Rd, Suite 7*
CITY - ST - ZIP *Oldsmar, FL 34677*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X David J. McGuigan, P & D*

4-29-02

DATE

813-925-3300

DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR