

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

04-21-2003 90520 018 ***150.00

DOCUMENT # P01000118471

1. Entity Name
RAMKEY INVESTMENTS CORPORATION



Principal Place of Business
**1100 LINTON BLVD., STE. C-9
DELRAY BEACH FL 33444**

Mailing Address
**1100 LINTON BLVD., STE. C-9
DELRAY BEACH FL 33444**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

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

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 **WALSH, MICHAEL**
STREET ADDRESS **1100 LINTON BLVD., STE. C-9**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** ☐ Delete
NAME **WALSH, MARK**
STREET ADDRESS **1100 LINTON BLVD., STE. C-9**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** ☐ Delete
NAME **WALSH, WILLIAM**
STREET ADDRESS **1100 LINTON BLVD., STE. C-9**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

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

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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:

Michael Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03
Date

(561) 279-9900
Daytime Phone #

CR2E034 (10/02)

Attachment

#POL00118471

55039442

Form **SS-4****Application for Employer Identification Number**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

| | | | | |
|--|--|--|---|--|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested <u>Ramley Investments Corporation</u> | | 3 Executor, trustee, "care of" name | |
| | 2 Trade name of business (if different from name on line 1) | | | |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>1100 Linton Boulevard, C-9</u> | | 5a Street address (if different) (Do not enter a P.O. box.) | |
| | 4b City, state, and ZIP code <u>Dulay Beach FL 33444</u> | | 5b City, state, and ZIP code | |
| | 6 County and state where principal business is located <u>Palm Beach (County) Florida (State)</u> | | | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustor <u>Richard C. Ade Executive Vice President</u> | | 7b SSN, ITIN, or EIN <u>135-44-8086</u> | |
| 8a Type of entity (check only one box) | | | | |
| <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <u>C-Corp - will file tax form 1120</u> | | | | |
| <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) ▶ _____ | | | | |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated | | | | |
| State <u>Florida</u> Foreign country _____ | | | | |
| 9 Reason for applying (check only one box) | | | | |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>100% estate acquisition</u> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ | | | | |
| <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | | | | |
| 10 Date business started or acquired (month, day, year) <u>12/4/01</u> | | | | |
| 11 Closing month of accounting year <u>December</u> | | | | |
| 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) <u>N/A</u> | | | | |
| 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". | | | | |
| Agricultural <input checked="" type="checkbox"/> Household <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> | | | | |
| 14 Check one box that best describes the principal activity of your business. | | | | |
| <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail | | | | |
| 15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>N/A</u> | | | | |
| 16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Note: If "Yes," please complete lines 16b and 16c. | | | | |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. | | | | |
| Legal name ▶ _____ Trade name ▶ _____ | | | | |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. | | | | |
| Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____ | | | | |
| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | | | |
| | Designee's name | | Designee's telephone number (include area code) | |
| | Address and ZIP code | | Designee's fax number (include area code) | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | | | | |
| Name and title (type or print clearly) ▶ <u>Richard C. Ade, Executive Vice President</u> | | | | |
| Signature ▶ <u>[Signature]</u> Date ▶ <u>5/7/03</u> | | | | |
| Applicant's telephone number (include area code) <u>(603) 559-2101</u> | | | | |
| Applicant's fax number (include area code) <u>(603) 559-2182</u> | | | | |