2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90348 042 ***150.00

DOCUMENT # P03000125747

1. Entity Name
Rameonex, Inc.

DO NOT WRITE IN THIS SPACE

24048009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
124 Lake June Rd. N.W.	124 Lake June Rd. N.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, FL.	City & State: Lake Placid, FL.
Zip: 33852 Country: USA	Zip: 33852 Country: USA

4. FEI Number: 54-2132233 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rowles, Rodney D.

Street Address (P.O. Box Number is Not Acceptable)
124 Lake June Rd. N.W.

City: Lake Placid, FL Zip Code: 33852

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR is $61.25
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 P NAME Rowles, Rodney D. STREET ADDRESS 124 Lake June Rd. N.W. CITY-ST-ZIP Lake Placid, FL, 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP S NAME Morris, Kip A. STREET ADDRESS 28 Highlands Lake Dr. CITY-ST-ZIP Lake Placid, FL, 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Morris, Kim B. STREET ADDRESS 224 Hayes Ave. N.E. CITY-ST-ZIP Lake Placid, FL, 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Rodney D Rowles 1/2/2004 (863) 465-2979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rodney D. Rowles