

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20163

1. Entity Name

RAMCO ENERGY CORPORATION

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90051 011 ***150.00

Principal Place of Business

Mailing Address

~~1747 VAN BUREN ST #800~~
~~P.O. BOX 2347~~
~~HOLLYWOOD FL 33022~~

~~1747 VAN BUREN ST #800~~
~~P.O. BOX 2347~~
~~HOLLYWOOD FL 33022-5108~~

2. Principal Place of Business

3. Mailing Address

2699 STIRLING RD

2699 STIRLING RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C102

SUITE C102

City & State

City & State

FT LAUDERDALE

FT LAUDERDALE

Zip

Country

Zip

Country

33312

FLORIDA

33312

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDDER, NEAL

1747 VAN BUREN ST #800

HOLLYWOOD FL 33020

Name

NEAL RUDDER

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

2699 STIRLING RD

SUITE C102

City

FT LAUDERDALE

FL

Zip Code

33312

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.

ADDRESS CHANGE ONLY

SIGNATURE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 CPD
NAME RUDDER, NEAL
STREET ADDRESS 4220 CASPER COURT
CITY-ST-ZIP HOLLYWOOD FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00

(954) 967 5601