

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045652

1. Entity Name

LORENZO RAMUNNO, PROFESSIONAL ASSOCIATION

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90089 032 ***150.00

Principal Place of Business

~~6144 SW ST. RD. 200~~
~~1058~~
OCALA FL ~~34477~~
US

Mailing Address

P.O. BOX 771313
OCALA FL 34477
US

2. Principal Place of Business

6158 SW Hwy 200
Suite, Apt. #, etc.
200

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip

34476

Country

US

Zip

Country

4. FEI Number

65-0419050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMUNNO, LORENZO
6144 SW ST. RD. 200
~~B-105~~
OCALA FL 34477

7. Name and Address of New Registered Agent

Name

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

6158 SW Hwy 200
Suite 200

City

OCALA

State

Zip Code

34476

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

Lorenzo Ramunno

LORENZO RAMUNNO

4-19-2001

(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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
RAMUNNO, LORENZO
6144 SW ST. RD. 200
OCALA FL 34477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6158 SW Hwy 200 Suite 200
OCALA FL 34476 ☒ Change ☐ Addition

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

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

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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

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:

Lorenzo Ramunno LORENZO RAMUNNO 4-19-2001 352
854 5570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)