

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048170

1. Entity Name

RAMATE, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90106 040 ***150.00

Principal Place of Business

492 MEADOW SWEET CIRCLE
OSPREY FL 34229
US

Mailing Address

P.O. BOX 2291
SARASOTA FL 34230
US

2. Principal Place of Business

3521 Almeria Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

4. FEI Number

59-3233053

Applied For

Not Applicable

Zip
34239

Country
US

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANGIE, RAMSEY
1706 HAWTHORNE
SARASOTA FL 34239

Name

FRANGIE, Ramsey

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

3521 Almeria Ave

City

Sarasota

FL

Zip Code

34239

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FRANGIE, RAMSEY
P.O. BOX 2291
SARASOTA FL 34230

☐ Delete

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/01

Date

941-365-4007

Daytime Phone #

CR2E034 (10/00)