

FILED
Aug 27, 2003 8:00 am
Secretary of State

07-22-2003 90049 039 ***150.00

08-27-2003 90078 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000073249			
1. Entity Name RAMTECH INDUSTRIES, INC.			
Principal Place of Business 3709 S.W. 42ND AVENUE #13 GAINESVILLE, FL 32608		Mailing Address 3709 S.W. 42ND AVENUE #13 GAINESVILLE, FL 32608	
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 59-3266451	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMBO, LAWRENCE M JR. 3709 S.W. 42ND AVENUE #13 GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when submitting) Signature, typed or printed name of registered agent and title if applicable. DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAMBO, LAWRENCE M JR. 13318 US HWY 441 MICANOPY, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL, JOSEPH P 13318 HWY 441 MICANOPY, FL 32687	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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: _____ 8/25/03 352-466-0920 Signature and typed or printed name of signing officer or director Date Daytime Phone #			

Attachment

80141301

P94000073249



3709 S.W. 42nd Ave., #13, Gainesville, FL 32608
Phone: 1-800-817-2683 Fax: (352) 466-0906

TO: FLORIDA DEPT OF STATE
RE: UBR

To whom it may concern
Lateness due to non-receipt of form.
Thank You
