

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010725

1. Entity Name

R.A.M. FUNDING SERVICES CORPORATION

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90051 034 ***158.75

Principal Place of Business

320 N. ATLANTIC AVE
SUITE 8B
COCOA BEACH FL 32931
US

Mailing Address

320 N. ATLANTIC AVE
SUITE 8B
COCOA BEACH FL 32931-4302
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3295578**

Applied For

Not Applicable

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

ERCOLANI, GUY A
320 N. ATLANTIC AVE
SUITE 8B
COCOA BEACH FL 32931

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.

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	D	<input type="checkbox"/> Delete
NAME	ERCOLANI, GUY A	
STREET ADDRESS	320 N. ATLANTIC AVE., #8B	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERCOLANI, SUSAN D	
STREET ADDRESS	320 N. ATLANTIC AVE., #8B	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIDINGS, MARY T	
STREET ADDRESS	320 N. ATLANTIC AVE., #8B	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Guy A. ERCOLANI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

Date

321-799-2229

Daytime Phone #

CR2E034 (9/99)