

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90120 022 ***158.75

001/5510

DOCUMENT # P95000010725

1. Entity Name

R.A.M. FUNDING SERVICES CORPORATION

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3295578**

Applied for
 No: 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 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's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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

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

April 24, 2001
 DATE

321-799-2229
 DAYTIME PHONE #

CR2E034 (10/00)