

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000010725

FILED  
Apr 08, 2002 8:00 AM  
Secretary of State

Entity Name: R.A.M. FUNDING SERVICES CORPORATION

## Current Principal Place of Business:

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

## Current Mailing Address:

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

FEI Number: 59-3295578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## New Principal Place of Business:

1790 HWY A1A  
SUITE 205  
SATELLITE BEACH, FL 32937 US

## New Mailing Address:

1790 HWY A1A  
SUITE 205  
SATELLITE BEACH, FL 32937 US

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ERCOLANI, GUY A  
1790 HWY A1A  
SUITE 205  
SATELLITE BEACH, FL 32937 US

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: GUY A ERCOLANI

04/08/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ERCOLANI, GUY A  
Address: 320 N. ATLANTIC AVE., #8B  
City-St-Zip: COCOA BEACH, FL

Title: D ( ) Delete  
Name: ERCOLANI, SUSAN D  
Address: 320 N. ATLANTIC AVE., #8B  
City-St-Zip: COCOA BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ERCOLANI, GUY A  
Address: 1790 HWY A1A, STE 205  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: D (X) Change ( ) Addition  
Name: ERCOLANI, SUSAN D  
Address: 1790 HWY A1A, STE 205  
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY A ERCOLANI

D

04/08/2002

Electronic Signature of Signing Officer or Director

Date