

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017194

Entity Name

RAM-CHEM JANITORIAL SERVICES, INC.

FILED

01 JUL 11 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

17306 CEMETERY ROAD  
SPRING HILL FL 34610

17306 CEMETERY ROAD  
SPRING HILL FL 34610

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3294252

Applied For

Not Applicable

Zip

Country

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

MURRAY, HERBERT F  
17306 CEMETERY ROAD  
SPRING HILL FL 34610

Name

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

0000004494240-7

-07/24/01--01093--020

City

\*\*\*\*150.00 PL \*\*\*\*150.00

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, 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 PD ☐ Delete  
NAME MURRAY, HERBERT F  
STREET ADDRESS 17306 CEMETERY ROAD  
CITY-ST-ZIP SPRING HILL FL

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

TITLE ST ☐ Delete  
NAME MURRAY, H ARRIET  
STREET ADDRESS 17306 CEMETERY ROAD  
CITY-ST-ZIP SPRINGHILL FL

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

Herbert F. Murray HERBERT F. MURRAY

6-30-01 352 754 9920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

To whom it may concern

2082

Please allow me to explain my lateness. On 4-23-01  
our older son (38) died as a result of choking on chicken.

Having 2 children ages 15 & 10 & a single parent we are now  
the legal guardians - grand parents. With all the legal paperwork  
court dates etc I allowed myself to be distracted & let things  
pile up on my desk. Trying to arrange our home for the  
benefit of our 2 grand children the days just slipped by. Had  
I not just received another form Lord knows how long  
I might have been & I tried to be brief & hope you can  
read between the lines of our lives those last 2 weeks.

Thank you for your consideration & we will abide by  
your decision. We will be going to N.C. Wed 7-1  
Fri 7-13 after disposing of our sons ashes at