FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 28 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000096665

1. Entity Name

RAM specialties Co Inc

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business	3. Mailing Address	4. FEI Number
101 Federal Place	101 Federal Place	593366228
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101	Applied For ☐ Not Applicable ☐
City & State: Tarpon Springs, FL	City & State: Tarpon Springs, FL	
Zip: 34689 Country: USA	Zip: 34689 Country: USA	

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Randolph A Mabry

Street Address (P.O. Box Number is Not Acceptable): 14514 87th Ave N

City: Largo FL Zip Code: 33776

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: Randolph A Mabry
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

100024180921
10/27/03--01126--022 **158.75

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	President / Sec, RANDOLPH A MABRY 14514 87th Ave N Largo, FL 33776
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Randolph A Mabry October 22 '03 7279429363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

91 10/21