FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OF

Jan 28, 2002 8:00 am Secretary of State DOCUMENT # P96000016873 1. Entity Name 01-28-2002 90051 026 ***150 00 THREE RAMS REALTY, INC. Principal Place of Business Mailing Address 16411 MILLSTONE CIRCLE STE 303 50 ROXBURY RD FORT MYERS FL 33908 **GARDEN CITY NY 11530** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0734420 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLY, PETER E ESQ. Street Address (P.O. Box Number is Not Acceptable) 1648 PERIWINKLE WAY SUITE A1 SANIBEL FL 33957 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 signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Addition NAME SPROTTE, ROBERT M NAME STREET ADDRESS STREET ADDRESS **50 ROXBURY RD** CITY-ST-7IP CITY-ST-ZIP **GARDEN CITY NY 11530** TITLE TITLE ☐ Addition Delete ☐ Change NAME NAME SPROTTE, ANN MARIE STREET ADDRESS STREET ADDRESS **50 ROXBURY RD** CITY-ST-ZIP CITY-ST-ZIP **GARDEN CITY NY 11530** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SPROTTE, JEFFREY STREET ADDRESS STREET ADDRESS **76 LONGRIDGE ROAD** CITY-ST-ZIP CITY-ST-ZIP PLAN DOME NY 11030 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME SPROTTE, KURT STREET ADDRESS STREET ADDRESS 150 KILBURN RD CITY-ST-ZIP CITY-ST-ZIP **GARDEN CITY FL 11530** TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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