

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91013 029 ***150.00

DOCUMENT # *P96000016873*

1. Entity Name

THREE RAMS REALTY, Inc.



DO NOT WRITE IN THIS SPACE

10046522

2. Principal Place of Business

16411 Millstone Circle

3. Mailing Address

50 Roxbury Road

Suite, Apt. #, etc.

Ste. 303

Suite, Apt. #, etc.

City & State

FT. Myers, FL

City & State

GARDEN CITY, NY

4. FEI Number

65 0734420

Applied For

Not Applicable

Zip
33908

Country
USA

Zip
11530

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Kelly, Peter E Esq*

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

1648 PERIWINKLE WAY

Suite A1

City *SANIBEL, FL*

FL

Zip Code
33957

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 | <i>DPV Sprotte, ROBERT M. 50 Roxbury Rd. GARDEN CITY, NY 11530</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>DST SPROTTE, ANN MARIE 737 EAST GULF DRIVE, A4 SANIBEL, FL 33957</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>D Sprotte, Jeffrey 76 Longridge Road PLAN Dome, NY 11030</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>D Sprotte, KURT 150 Kilburn Road GARDEN CITY, NY 11530</i> |
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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: *Ann Marie Sprotte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 2003
Date Daytime Phone #