

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000104274**1. Entity Name
RAM/PJP, INC.Principal Place of Business
**26212 MADRAS COURT
CHARLOTTE HARBOR FL 33983-2615**Mailing Address
**200 SOUTH ORANGE AVE
C/O WILLIAM M. SEIDER
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0738967**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEIDER, WILLIAM M
200 S ORANGE AVENUE
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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

TITLE
NAME
ST
PALMER, PHILIP J
STREET ADDRESS
26212 MADAS CT.
CITY-ST-ZIP
CHARLOTTE HARBOR FL 33983 ☐ DeleteTITLE
NAME
D
MORRIS, ROBERT A
STREET ADDRESS
26212 MADRAS CT.
CITY-ST-ZIP
CHARLOTTE HARBOR FL 33983 ☐ DeleteTITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PD
PALMER, PHILIP J.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
NAME
VPSTD
MORRIS, ROBERT A., JR.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01
Date

Daytime Phone #

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90112 019 ***150.00

C0047982

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)