

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90053 044 ***150.00

DOCUMENT # P97000002225

1. Entity Name
R.T. KRAMER ENTERPRISES, INC.



Principal Place of Business
~~13250 LEWIS GALLAGHER ROAD~~
~~DOVER FL 33527~~

Mailing Address
~~13250 LEWIS GALLAGHER ROAD~~
~~DOVER FL 33527~~

2. Principal Place of Business

~~4595 S. ATLANTIC AVE~~
Suite, Apt. #, etc.

3. Mailing Address

~~4595 S. ATLANTIC AVE~~
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
~~PONCE INLET FL~~

Zip
~~32127~~

Country
~~USA~~

City & State
~~PONCE INLET FL~~

Zip
~~32127~~

Country
~~USA~~

4. FEI Number 59-3417981

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, RONALD T
~~13250 LEWIS GALLAGHER ROAD~~
~~DOVER FL 33527~~

~~4595 S. ATLANTIC AVE~~
~~PONCE INLET FL~~
~~32127~~

Name

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

City

~~PONCE INLET~~

FL

Zip Code

~~32127~~

7. Name and Address of New Registered Agent

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 *Ronald T Kramer*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

April 1, 03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PDVS	<input type="checkbox"/> Delete
NAME	KRAMER, RONALD T	
STREET ADDRESS	13250 LEWIS GALLAGHER ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4595 S. ATLANTIC AVE
CITY-ST-ZIP	PONCE INLET FL 32127
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald T Kramer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 03 386 756 6703
Date Daytime Phone #

CR2E034 (10/02)