FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 24, 2000 8:00 am Secretary of State DOCUMENT # P97000043142 1. Entity Name RAMS UNLIMITED, INC. 01-24-2000 90047 006 ***150.00 Principal Place of Business Mailing Address 3802 EHRLICH ROAD EHRLICH ROAD 305E SUITE 305E B0006495 TAMPA FL 33624-2355 **IAMPA FL 33624** 2. Principal Place of Business 3. Mailing Address N. FLORIDA AVE 3542 N. FLORIDA AVE 13542 DO NOT WRITE IN THIS SPACE Suite, Apt. #, Suite, Apt. #, etc 4. FEI Number Applied For 59-3446448 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SAu Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent_ MARTIN PYKE, MARTIN V 17733 LAKE CARLTON DRIVE APT. B **LUTZ FL 33549** 8. The above named entity submits this stater for the purpose of changing its registered office o stered agent, or both, in the State of Florida. PRESIDENT. MARTIN V. PYKE SIGNATURE d agent and title if applicable nature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. THE MARTIN V 5316 LADYWELL CT. PRES. D'Change ☐ Delete TITLE TITLE PYKE, MARTIN V NAME 5316 MARKE DIRECTOR 1773 LAKE CARLTON DRIVE APT. B STREET ADDRESS STREET ADDRESS TAMPA CITY-ST-ZIP CITY-ST-7IP **LUTZ FL 33549** FL TREASURER-Addition ☐ Delete TITLE PYKE, MAGGIE D. PYKE, MAGGIE D NAME DIRECTOR. 5316 LADYWELL CT. 17733 LAKE CARLTON DRIVE APT. B STREET ADDRESS STREET ADDRESS TAMPA FL 37194 CITY-ST-ZIP CITY-ST-ZIP LUTZ.FL 33549 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000

Daytime Phone