

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043142
 1. Entity Name
RAMS UNLIMITED, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18535 Wellborn Lane
 Suite, Apt. #, etc.

3. Mailing Address
18535 Wellborn Lane
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SHADY HILLS, FL 34610

City & State
SHADY HILLS, FL

4. FEI Number
59-3446448

Applied For
 Not Applicable

Zip
34610

Country
USA

Zip
34610

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Pyke, Martin V

Street Address (P.O. Box Number is Not Acceptable)
18535 Wellborn Lane

City
SHADY HILLS, FL **FL** Zip Code
34610

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: Martin Pyke MARTIN PYKE PRES. 4-22-2
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)

January 15 - May 14 Fee is \$150.00
 After May 14 Fee is \$550.00
 Amended UBR is \$61.25
 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 STREET ADDRESS CITY-ST-ZIP	<u>D Pyke, Martin V</u> <u>18535 Wellborn Lane</u> <u>SHADY HILLS, FL 34610</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Pyke, Maggie D.</u> <u>18535 Wellborn Lane</u> <u>SHADY HILLS, FL 34610</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like employment.

SIGNATURE: Martin Pyke MARTIN PYKE 4-22-2 727 856 6506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)