2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103362 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name RAMSEY DATA SERVICES INC. 04-12-2000 90006 006 ***150.00 Principal Place of Business Mailing Address 402 32ND ST. N.W. 402 32ND ST. N.W. **BRADENTON FL 34205-3440 BRADENTON FL 34202-2082** 2. Principal Place of Business 3. Mailing Address 2209 Sunner meadow DR. 12209 SUMMER MEADOW DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. PARENTON Applied For City & State 4. FEI Number 65-0808066 MENTON FI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAMSEY, BRUCE O Street Address (P.O. Box Number is Not Acceptable) 402 32ND ST. N.W. BRADENTON FL 34205-3440 12209 SUMMER MEADOW DRIVE 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 BRUCE O. RAMSEY PRES. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. TITLE D ☐ Delete TITLE NAME RAMSEY, BRUCE O NAME 12209 SUMMER MEADOW DRIVE STREET ADDRESS STREET ADDRESS 402 32ND ST. N.W. KADENTON, FL 34202-2082 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205-3440** TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 gither like empowered.

STREET ADDRESS

RUCE O. RAMSEY PRES

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: