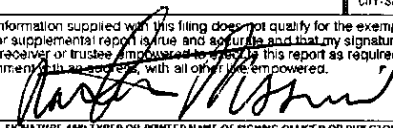


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90179 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000075523		
1. Entity Name R.A.M. SOLUTIONS, INC.		
Principal Place of Business 3956 W. HILLSBOROUGH AVE TAMPA, FL 33614		Mailing Address 3956 W. HILLSBOROUGH AVE TAMPA, FL 33614
2. Principal Place of Business 3105 W. WATERS AVE		3. Mailing Address 3105 W. WATERS AVE
Suite, Apt. #, etc. 109 A		Suite, Apt. #, etc. 109 A
City & State TAMPA, FL		City & State TAMPA, FL
Zip 33614		Country HILLSBOROUGH
6. Name and Address of Current Registered Agent MESSINEO, CHRISTINA 5204 CARROLLWOOD MEADOWS DRIVE TAMPA, FL 33625		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
B. 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 _____ (NOTE: Registered Agent signature required when registering) Signature, typed or printed name of registered agent and title if applicable DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ 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 any 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; and that I am filing 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 to this report, with all other duly empowered.		
SIGNATURE:  4/24/2003 813-8755502 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Current Phone #		

11010027



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3530025** Applied For
Not Applicable

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

CH2E034 (10/02)