

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90018 006 ***150.00

DOCUMENT # P98000104419

1. Entity Name
RAMAR CONSTRUCTION SERVICES, INC.

900090



DO NOT WRITE IN THIS SPACE

Principal Place of Business
210 HIDDEN BAY DRIVE
OSPREY FL 34229

Mailing Address
PO BOX 5722
SARASOTA FL 34277-5722

2. Principal Place of Business
1430 Kenilworth Street
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State

4. FEI Number **65-0887235**

Applied For
 Not Applicable

Zip
34231

Country
USA

Zip
 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIDER, WILLIAM M
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
 NAME **MORRIS, ROBERT A JR**
 STREET ADDRESS **1400 KENILWORTH ST**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **PST** ☒ Change ☐ Addition
 NAME **Morris, Robert A Jr**
 STREET ADDRESS **P.O. Box 5722**
 CITY-ST-ZIP **Sarasota, FL 34277-5722**

TITLE **V** ☐ Delete
 NAME **MORRIS, ROBERT A III**
 STREET ADDRESS **1400 KENILWORTH ST**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☒ Change ☐ Addition
 NAME **Morris, Robert A III**
 STREET ADDRESS **P.O. Box 5722**
 CITY-ST-ZIP **Sarasota, FL 34277-5722**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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.

SIGNATURE: Robert A Morris **Robert A Morris, JR 4/26/01 941 923 9404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)