FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # P98000104419 1. Entity Name 05-06-2002 90147 031 ***150.00 RAMAR CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 1430 KENILWORTH ST PO BOX 5722 SARASOTA FL 34231 SARASOTA FL 34277-5722 2. Principal Place of Business 3. Mailing Address 741 S. Orange Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State -65-0887235 Sarasota, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34236 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 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, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** ☐ Addition TITLE □ Delete TITLE X Change PST Morris, Robert A Jr 741 S. Orange Ave NAME NAME morris, robert a jr STREET ADDRESS STREET ADDRESS PO BOX 5722 CITY-ST-ZIP Sarasota, FL 34236 CITY-ST-ZIP SARASOTA FL 34277-5722 Delete TITI F Change ☐ Addition NAME NAME MORRIS, ROBERT A III STREET ADDRESS STREET ADDRESS PO BOX 5722 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34277-5722 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered.

Robert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>(941) 923-9404</u>

SIGNATURE: