

2000 UNIFORM BUSINESS REPORT (UBR)

9/13/00-90044-010-\$550.00-\$550.00

DOCUMENT # P99000014185

1. Entity Name

RAMBO'S GRADING SERVICE, INC.

Principal Place of Business

1960 51ST ST. S.W.
NAPLES FL 34116

Mailing Address

1960 51ST ST. S.W.
NAPLES FL 34116-5640

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 11:15

00100111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

670 22 AVE N.W.
Suite, Apt. #, etc.

3. Mailing Address

670 22 AVE N.W.
Suite, Apt. #, etc.

City & State

Naples FL 34120
Zip Country

City & State

Naples FL 34120
Zip Country

4. FEI Number

59-3562709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMATO, LOUIS X
350 5TH AVE., SOUTH, #200
NAPLES FL 34102

7. Name and Address of New Registered Agent

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	President	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Presidential Director	<input type="checkbox"/> Delete
NAME	Lenny D Rambo	
STREET ADDRESS	670 22 AVE NW Naples FL	
CITY-ST-ZIP	34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Lenny D Rambo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00

Date

564-4437

Daytime Phone #

CR2EN34 (9/99)