

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049130

1. Entity Name

RAM'S CONCRETE, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90011 046 ***150.00

Principal Place of Business

560 PINE ISLAND RD. #1
 NORTH FORT MYERS FL 33903

Mailing Address

560 PINE ISLAND RD. #1
 NORTH FORT MYERS FL 33903-3701

2. Principal Place of Business

560 Pine Island Rd.
 Suite, Apt. #, etc.
 SUITE #1
 City & State
 N. Ft. Myers, FL.
 Zip Country
 33903 USA

3. Mailing Address

560 Pine Island Rd.
 Suite, Apt. #, etc.
 SUITE #1
 City & State
 N. Ft. Myers, FL.
 Zip Country
 33903 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0945242

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINNICK, RICHARD PRES.
 524 N.W. 3RD LANE
 CAPE CORAL FL 33993

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 NAME STREET ADDRESS CITY-ST-ZIP	ERIC J MINNICK SR. Vice PRES. 120 SE 1st Place Cape Coral, FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR. VICE PRES. RODNEY J. MINNICK 1313 Old Bridge Rd. N. Ft. Myers, FL 33917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joann F. Minnick Sec. / Treas. 1313 Old Bridge Rd. N. Ft. Myers, FL 33917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Richard A. Minnick 824 N.W. 3rd Lane Cape Coral, FL 33993	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)