

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049130

1. Entity Name

RAM'S CONCRETE, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

07-10-2001 90117 040 ***150.00

09-21-2001 90002 038 ***400.00

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

2. Principal Place of Business

17300 Litchett Pkwy.
 Suite, Apt. #, etc.

3. Mailing Address

17300 Litchett Pkwy.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Ft. Myers, FL

City & State

N. Ft. Myers, FL

4. FEI Number 65-0945242

Applied For
 Not Applicable

Zip

33917

County

Lee

Zip

33917

County

Lee

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Richard A. Minnick
 Street Address (P.O. Box Number is Not Acceptable): 17300 Litchett Parkway
 City: N. Ft. Myers FL Zip Code: 33917

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: *Richard A. Minnick*

4-8-01

Signature, typed or printed name of registered agent and date 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, 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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MINNICK, ERIC J	
STREET ADDRESS	120 SE 1ST PL	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MINNICK, RODNEY	
STREET ADDRESS	1313 OLD BRIDGE RD.	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MINNICK, JOANN I	
STREET ADDRESS	1313 OLD BRIDGE RD.	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	P	<input type="checkbox"/> Delete
NAME	MINNICK, RICHARD A	
STREET ADDRESS	524 NW 3RD LN.	
CITY-ST-ZIP	CAPE CORAL FL 33993	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Joann I. Minnick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01 841-567-7934
 Date Daytime Phone #

CR2E034 (10/00)