2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am Secretary of State DOCUMENT # P99000049130 1. Entity Name 03-22-2002 90030 045 ***150.00 RAM'S CONCRETE, INC. Mailing Address Principal Place of Business 17300 PRITCHETT PARKWAY 17300 PRITCHETT PARKWAY FORT MYER\$ FL 33917 FORT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0945242 Not Applicable \$8.75 Additional. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MINNICK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7300 PRITCHETT PARKWAY FORT MYERS FL 33917 Zip Cod 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or Joth, in the State of Florida. 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 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE ☐ Delete MINNICK, JOANN I NAME NAME 2012 Queen STreet 1313 OLD BRIDGE RD. STREET ADDRESS STREET ADDRESS FORT MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MINNICK, RICHARD A NAME NAME 17300 AiTCHETT Parkway STREET ADDRESS 524 NW 3RD LN. STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33993 CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT: F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

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

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED