

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90104 001 *2,381.25

DOCUMENT # P99000068584

1. Entity Name
RAMSY CONSULTING CORP.

Principal Place of Business

**10125 W COLONIAL DR
 STE 212
 OCOEE FL 34761
 US**

Mailing Address

**10125 W COLONIAL DR
 STE 212
 OCOEE FL 34761
 US**

2. Principal Place of Business

11800 28th St No.

3. Mailing Address

11800 28th St. NO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33716

Country

USA

Zip

33716

Country

USA

4. FEI Number

59-3623392

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAMILLO, JOSEPH
 10125 W COLONIAL DR
 STE 212
 OCOEE FL 34761**

7. Name and Address of New Registered Agent

Name

Joseph Camillo

Street Address (P.O. Box Number is Not Acceptable)

11800 28th St. NO.

City

St. Petersburg

FL

Zip Code

33716

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

Joseph Camillo

3/29/02

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, 2002 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 **PD** ☐ Delete
 NAME **CAMILLO, JOSEPH**
 STREET ADDRESS **10125 W COLONIAL DR #212**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **SD** ☒ Delete
 NAME **WILKINSON, PAMELA**
 STREET ADDRESS **10125 W COLONIAL DR #212**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Joseph Camillo**
 STREET ADDRESS **11800 28th St. NO**
 CITY-ST-ZIP **St. Petersburg, FL. 33716**

TITLE **S/D** ☒ Change ☐ Addition
 NAME **Pamela Cohen**
 STREET ADDRESS **11800 28th St. NO.**
 CITY-ST-ZIP **St. Petersburg, FL. 33716**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Joseph Camillo / Pres.

3/29/02 727-592-0146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)