

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2002 90104 001 *2,381.25

DOCUMENT # P99000068593

1. Entity Name
RAMSY HOLDING CORP.

Principal Place of Business
**10125 WEST COLONIAL DRIVE
 SUITE 212
 OCOEE FL 34761**

Mailing Address
**10125 WEST COLONIAL DRIVE
 SUITE 212
 OCOEE FL 34761**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11800 28th St NO.
 Suite, Apt. #, etc.

3. Mailing Address
11800 28th St. NO
 Suite, Apt. #, etc.

City & State
St. Petersburg, FL.
 Zip **33716** Country **USA.**

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St. Petersburg, FL.
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4. FEI Number **59-3623399**

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 WEST COLONIAL DRIVE
 SUITE 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** **2/21/02**
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 NAME STREET ADDRESS CITY-ST-ZIP	SD CAMILLO, JOSEPH 10125 WEST COLONIAL DRIVE OCOEE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, PAMELA 10125 WEST COLONIAL DRIVE OCOEE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'DERRICK, MICHAEL 10125 WEST COLONIAL DRIVE OCOEE FL 34761 <input checked="" 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
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
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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: **Joseph Camillo** **2/21/02** **727-592-0146**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)