

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068620

1. Entity Name

RAMSY CORPORATION

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90113 001 *1,905.00

Principal Place of Business

200 EAST ROBINSON STREET
SUITE 450
ORLANDO FL 32801

Mailing Address

200 EAST ROBINSON STREET
SUITE 450
ORLANDO FL 32801-1989

2. Principal Place of Business

10125 W. Colonial Dr.

3. Mailing Address

10125 W. Colonial Dr

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

OCOE, FL

City & State

OCOE, FL.

Zip

34761

Country

USA

Zip

34761

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMILLO, JOSEPH

200 EAST ROBINSON STREET
SUITE 450
ORLANDO FL 32801

Name

Joseph Camillo

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

10125 W. Colonial Dr.

Suite

212

City

OCOE

FL

Zip Code

34761

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/Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CAMILLO, JOSEPH
STREET ADDRESS 200 EAST ROBINSON STREET, SUITE 450
CITY-ST-ZIP ORLANDO FL 32801

☐ Delete

TITLE PD
NAME JOSEPH CAMILLO
STREET ADDRESS 10125 W. Colonial Dr. #212
CITY-ST-ZIP OCOE, FL. 34761

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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/Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

407-822-3664

Daytime Phone #

CR2E034 (9/99)