

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90281 003 \*\*\*150.00

**DOCUMENT # P99000095585**

1. Entity Name

**WILHELM RAMEAU ENTERPRISES, INC.**

Principal Place of Business

**11901 4 STREET NORTH  
 #420  
 ST. PETERSBURG FL 33716**

Mailing Address

**11901 4 STREET NORTH  
 #420  
 ST. PETERSBURG FL 33716**

2. Principal Place of Business

**19128 Wind Dancer St.**

3. Mailing Address

**19128 Wind Dancer St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lutz, FL**

City & State

**Lutz, FL**

Zip

**33558**

Country

Zip

**33558**

Country

4. FEI Number

**59-3606270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MOONEY, MARK F  
 1211 E. FLETCHER AVE.  
 TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name **Wilhelm Rameau**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19128 Wind Dancer St.**  
 City **Lutz** FL Zip Code **33558**

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

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	<b>PCEO RAMEAU, WILHELM 11901 4 STREET NORTH #420 ST. PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STEPHON-RAMEAU, CHERY 11901 4 STREET NORTH #420 ST. PETERSBURG FL 33716</b>	<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
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	<b>PCEO RAMEAU WILHELM 19128 WIND DANCER ST LUTZ, FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEPHEN-RAMEAU CheryL 19128 WIND DANCER ST LUTZ, FL 33558</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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:

**WILHELM RAMEAU**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/02 813-493-0778**

Date

Daytime Phone #

CR2E034 (9/01)