

2000 UNIFORM BUSINESS REPORT (UBR)

3/29

FILED
May 11, 2000 8:00 am
Secretary of State

03-29-2000 90031 003 ***150.00

DOCUMENT # P99000095774

1. Entity Name

RAMSUEER ENTERPRISES, INC.

Principal Place of Business

**435 S. RIDGEWOOD AVENUE #210
DAYTONA BEACH FL 32114**

Mailing Address

**435 S. RIDGEWOOD AVENUE #210
DAYTONA BEACH FL 32114-4927**

2. Principal Place of Business

**1809 ALAMEDA DR.
Suite, Apt. #, etc.**

3. Mailing Address

**1809 ALAMEDA DR.
Suite, Apt. #, etc.**

City & State

DELTONA FL

City & State

DELTONA FL

Zip

32738

Country

USA

Zip

32738

Country

USA

4. FEI Number

59-3603146

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

**BELUS, ALLEN
435 S. RIDGEWOOD AVENUE #210
DAYTONA BEACH FL 32114**

Name

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

City

FL

Zip Code

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, 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

**PRESIDENT
Thomas A Ramsueer
1809 Alameda Drive
Deltona, FL 32738**

☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ 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)(l), 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-2000

Date

904-532-0330

Daytime Phone #

CR2E034 (9/99)