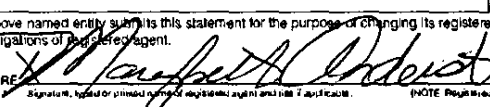
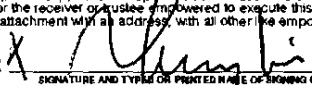


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91327 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80095617

DOCUMENT # S57730					
1. Entity Name RAMSEY MANAGEMENT, INC.					
Principal Place of Business 4021 WHISKEY POINT LN UNIT 203 BONITA SPRINGS, FL 34134			Mailing Address 4021 WHISKEY POINT LN UNIT 203 BONITA SPRINGS, FL 34134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 65-0279101	
Zip		Country		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDSON, RALPH A. 27725 OLD 41 RD SUITE 104 BONITA SPRINGS, FL 33923				7. Name and Address of New Registered Agent Name Marybeth Anderst, P.A. Street Address (P.O. Box Number is Not Acceptable) 27771 Tennessee St. #1 City Bonita Springs FL 34135	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/24/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when substituting)					
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	LANGLOIS, BERNARD P.			NAME	
STREET ADDRESS	427 KIRKWOOD DR			STREET ADDRESS	
CITY-ST-ZIP	SUDBURY ONTARIO CAN,			CITY-ST-ZIP	
TITLE	S	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	LANGLOIS, DAVID M.			NAME	
STREET ADDRESS	980 CORSI HILL			STREET ADDRESS	
CITY-ST-ZIP	SUDBURY ONTARIO CAN,			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  B.P. LANGLOIS				DATE: APRIL 24/03 239-992-7035	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

CR2EC04 (10/02)