2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90110 014 ***150.00

0654669 SP

DOCUMENT # V59725

1. Entity Name
RAMERS & STEPHENS, P.A.
K/N/A M. Katherine Ramers, P.A.

Principal Place of Business	Mailing Address
1112 PINEHURST RD DUNEDIN FL 34698 US	1112 PINCHURST RD DUNEDIN FL 34698 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
415 Plaza Drive		415 Plaza Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Dunedin, Florida		City & State: Dunedin, Florida	
Zip: 34698	Country: USA	Zip: 34698	Country: USA

4. FEI Number 59-3142463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMERS, M. KATHERINE
1112 PINEHURST RD
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name: Ramers, M. Katherine
Street Address (P.O. Box Number is Not Acceptable): 415 Plaza Drive
City: Dunedin, Florida FL Zip Code 34698

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 ✓ M. Katherine Ramers   3/18/02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RAMERS, M. KATHERINE 1112 PINEHURST RD DUNEDIN FL 34698 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ramers, M. Katherine 415 Plaza Drive Dunedin, Florida 34698 ☒ 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

CR2E034 (9/01)

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: ✓ M. Katherine Ramers   727-733-0136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #