

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082415

Entity Name: RAMCO PROTECTIVE OF ORLANDO, INC.

Current Principal Place of Business:

718 NORTHLAKE BLVD,
SUITE 1020
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

718 NORTHLAKE BLVD,
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 26-3803223

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOFFA, JOSEPH
100 WEST CYPRESS CREEK ROAD,
930
FORT LAUDERDALE, FL 33309 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name NEGRI, TRINA M
Address 100 WEST CYPRESS CREEK ROAD
 930
City-State-Zip: FORT LAUDERDALE FL 33309

Title PD
Name NEGRI, COREY
Address 100 WEST CYPRESS CREEK ROAD,
 930
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP
Name WALFISH, ADAM
Address 100 WEST CYPRESS CREEK ROAD,
 930
City-State-Zip: FORT LAUDERDALE FL 33309

Title SECRETARY
Name DARA, NEGRI A
Address 100 WEST CYPRESS CREEK ROAD,
 930
City-State-Zip: FORT LAUDERDALE FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADAM WALFISH

VP

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date