

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90125 042 \*\*\*150.00

**DOCUMENT # 427124**

1. Entity Name

**RAM OPTICAL, INC.**

Principal Place of Business

Mailing Address

4399 35 ST N  
 P O BOX 84000  
 ST PETERSBURG FL 33784

4399 35 ST N  
 P O BOX 84000  
 ST PETERSBURG FL 33784-4000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2264474**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

948459



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAYNE, JOHN W**  
**4399 35TH STREET NORTH.**  
**ST. PETERSBURG FL 33714**

Name

**STANKIEWICZ, CY**

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

**4399 35TH STREET NORTH**

City

**ST. PETERSBURG**

**FL**

Zip Code  
**33714**

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

*[Signature]*  
 04/17/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	VT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STANKIEWICZ, CY	3804 46TH AVE S.	ST PETERSBURG, FL 0						
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STEVENS, ROBERT E	9180 60 ST N	PINELLAS PARK FL						
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PAYNE, J. SCOTT	14 BELLEVUE DR	TREASURE ISLAND FL						
	VD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MOTTA, JOSEPH	14 BELLEVUE DR	TREASURE ISLAND FL						
	D			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PAYNE, JOHN W	68 DOLPHIN DRIVE	TREASURE ISLAND, FLO						
				<input type="checkbox"/> Delete					<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:

*[Signature]*  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CY STANKIEWICZ**

04/17/00

Date

727-812-3008

Daytime Phone #