

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J08397

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: RAM MAINTENANCE & REPAIR, INC.

Current Principal Place of Business:

% NEVIN A. WEINER
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236

Current Mailing Address:

% NEVIN A. WEINER
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236

New Principal Place of Business:

% NEVIN A. WEINER
100 WALLACE AVENUE, SUITE 100
SARASOTA, FL 34237

New Mailing Address:

% NEVIN A. WEINER
100 WALLACE AVENUE, SUITE 100
SARASOTA, FL 34237

FEI Number: 59-2659680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINER, NEVIN A.
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 33577

Name and Address of New Registered Agent:

WEINER, NEVIN A.
100 WALLACE AVENUE
SUITE 100
SARASOTA, FL 34237

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: _____

04/26/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MARKUSON, ROBERT,
Address: 395 E. LAUREL ROAD
City-St-Zip: LAUREL, FL

Title: VS () Delete
Name: MARKUSON, NANCY F.,
Address: 395 E. LAUREL ROAD
City-St-Zip: LAUREL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT MARKUSON

PTD

04/26/2002

Electronic Signature of Signing Officer or Director

Date