

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90009 039 ***150.00

DOCUMENT # P93000064038

1. Entity Name

GRAMAW INCORPORATED

Principal Place of Business

Mailing Address

2220 US 19 SOUTH
 PERRY FL 32347
 US

427 SILAS CT.
 SPRINGHILL FL 34609-9048
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3203462

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAUD, WILSON G
427 SILAS CT.
SPRING HILL FL 34609

Name

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

City

FL

Zip Code

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 _____

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, WILSON G	NAME	
STREET ADDRESS	427 SILAS COURT	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, AUDREY L	NAME	
STREET ADDRESS	427 SILAS COURT	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, GUY W	NAME	
STREET ADDRESS	427 SILAS COURT	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASBERG, RENAY	NAME	
STREET ADDRESS	1204 BATTERSEA STREET	STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL 34609	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, MELINDA	NAME	
STREET ADDRESS	427 SILAS STREET	STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL 34609	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, ARTHUR	NAME	
STREET ADDRESS	1438 CROYDON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34616	CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lindsey Michaud - Audrey Michaud

4/4/2000
 Date

850-584-6231
 Daytime Phone #

CR2E034 (9/99)