

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90078 036 ***150.00

DOCUMENT # 290235

1. Entity Name
TRAMAN CORPORATION

Principal Place of Business
6787 TRAIL RIDGE DRIVE
LAKELAND FLA 33813
US

Mailing Address
PO BOX 1658
HIGHLAND CITY FL 33846
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1085668

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTMAN, GRETCHEN L
6787 TRAILS RIDGE DRIVE
LAKELAND FL 33813

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, 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 **PDS** ☐ Delete
 NAME **ARTMAN, GRETCHEN L**
 STREET ADDRESS **6787 TRAILS RIDGE DRIVE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **ARTMAN, STEPHEN H**
 STREET ADDRESS **6321 FERN LANE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **ARTMAN, STUART D**
 STREET ADDRESS **530 BONNIE DR**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KNOWLES, MEREDITH A**
 STREET ADDRESS **133 SHADOW LANE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ARTMAN, SPENCER**
 STREET ADDRESS **3520 KELBURN DR**
 CITY-ST-ZIP **FAYETTEVILLE NC 28311**

TITLE ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **12305 S. 23rd St**
 CITY-ST-ZIP **Bellevue, Nebraska, 68123**

TITLE **D** ☐ Delete
 NAME **ARTMAN, SANFORD P**
 STREET ADDRESS **1816 OAK LANE**
 CITY-ST-ZIP **MERRIAR 71953**

TITLE ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **1433 Woodstone Dr.**
 CITY-ST-ZIP **St. Charles, Mo. 63304**

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:

Gretchen L. Artman (Gretchen L. Artman) 4/14/02 (863) 644-7306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)