

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90150 005 \*\*\*150.00

DOCUMENT # **483213**

1. Entity Name  
**TERRY CRAMER & SONS, INC.**



Principal Place of Business  
**6201 N NEBRASKA AVE  
TAMPA FL 33604  
US**

Mailing Address  
**6201 N NEBRASKA AVE  
TAMPA FL 33604  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1620605**

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

**CRAMER, NANCY  
13815 LAKE VILLAGE PLACE  
TAMPA FL 33624**

Name **CRAMER, NANCY**  
Street Address (P.O. Box Number is Not Acceptable)  
**6201 N. NEBRASKA AVE.**  
City **Tampa** FL Zip Code **33604**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nancy H Cramer*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAMER, NANCY H</b> <b>13815 LAKE VILLAGE PLACE</b> <b>TAMPA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAMER, NANCY H.</b> <b>6201 N. NEBRASKA AVE</b> <b>Tampa, FL 33404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CRAMER, TERENCE JR</b> <b>6201 N NEBRASKA AVE</b> <b>TAMPA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CRAMER, TERENCE SR</b> <b>13815 LAKE VILLAGE PL</b> <b>TAMPA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>CRAMER, TERENCE SR.</b> <b>6201 N. NEBRASKA AVE</b> <b>TAMPA, FL 33604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BACKSTROM, RUSSELL</b> <b>13813 LAKE VILLAGE PL</b> <b>TAMPA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Backstrom, Russell</b> <b>6201 N. NEBRASKA AVE</b> <b>TAMPA, FL 33604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BACKSTROM, CANDICE</b> <b>13813 ALKE VILLAGE PL</b> <b>TAMPA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Backstrom, CANDICE</b> <b>6201 N. NEBRASKA AVE</b> <b>TAMPA, FL 33604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy H Cramer* **NANCY H CRAMER 1/16/03 813-238-8451**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #