

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90058 017 \*\*\*150.00

0489797 AV

**DOCUMENT # P97000011589**

1. Entity Name

**CATRAM INCORPORATED**

Principal Place of Business

**20101 PEACHLAND BLVD.**

**#206**

**PORT CHARLOTTE FL 33954**

Mailing Address

~~PO BOX 3389~~

**PORT CHARLOTTE FL 33949**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 495360**

Suite, Apt. #, etc.

**Port Charlotte FL**

City & State

City & State

Zip

**33949**

Country

**USA**

Country

**USA**

City

**FL**

Zip Code

**33949**

City

**FL**

Zip Code

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DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0735521**

Applied For

Not Applicable

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

**KOSTERMAN, THOMAS**

**21045 FIRWOOD TERRACE**

**PORT CHARLOTTE FL 33954**

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]*

**Thomas E. Kosterman**

**1/8/02**

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 **D** ☐ Delete  
NAME **KOSTERMAN, THOMAS**  
STREET ADDRESS **21045 FIRWOOD TERRACE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

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

TITLE **VP** ☐ Delete  
NAME **ROBSON, LISA**  
STREET ADDRESS **21045 FIRWOOD TERR**  
CITY-ST-ZIP **PT CHARLOTTE FL 33954**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Secretary/Treasurer**  
STREET ADDRESS **Barbara Aldrich**  
CITY-ST-ZIP **12429 Chamberlain Blvd. Port Charlotte FL 33953-1232**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]* **Lisa Robson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/8/02 625-7679**

CR2E034 (9/01)