

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90115 048 ***150.00

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1. Entity Name
CATRAM INCORPORATED

Principal Place of Business
**20101 PEACHLAND BLVD.
#206
PORT CHARLOTTE FL 33954**

Mailing Address
**P.O. BOX 495360
PORT CHARLOTTE FL 33949**

11010555



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0735521**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

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

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KOSTERMAN, THOMAS	
STREET ADDRESS	21045 FIRWOOD TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBSON, LISA	
STREET ADDRESS	21045 FIRWOOD TERR	
CITY-ST-ZIP	PT CHARLOTTE FL 33954	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALDRICH, BARBARA	
STREET ADDRESS	12429 CHAMBERLAIN BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953-1236	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

Lisa Robson **Lisa Robson** 4/21/03 941-625-7679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)