

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 83555

1. Entity Name

TRAMAR, INC.

FILED

00 FEB -3 PM 4:02

Principal Place of Business

6050 APPLGATE DRIVE
SPRING HILL, FLORIDA
34606

Mailing Address

6050 APPLGATE DRIVE
SPRING HILL, FLORIDA
34606

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

9202 COMMERCIAL WAY
Suite, Apt. #, etc.

3. Mailing Address

9202 COMMERCIAL WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE, FLORIDA

City & State

BROOKSVILLE, FLORIDA

4. FEI Number

59-3534862

Applied For

Not Applicable

Zip

34613

Country

U.S.A.

Zip

34613

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN MENIFF
6050 APPLGATE DRIVE
SPRING HILL, FLORIDA 34606

7. Name and Address of New Registered Agent

Name

MARTIN MENIFF

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

9202 COMMERCIAL WAY

City

BROOKSVILLE

FL

Zip Code

34613

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

Martin Meniff

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!!! FEES \$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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME MARTIN MENIFF
STREET ADDRESS 6050 APPLGATE DRIVE
CITY-ST-ZIP SPRING HILL, FLORIDA 34606

☐ Delete

TITLE SECRETARY/TREASURER
NAME GINA MENIFF
STREET ADDRESS 6050 APPLGATE DRIVE
CITY-ST-ZIP SPRING HILL, FLORIDA 34606

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500003128835-01003-010

-02/09/00-01003-010

***150.00 ***150.00

☐ Change ☐ Addition

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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:

Martin Meniff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #