

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90068 028 ***150.00

DOCUMENT # P99000110871

1. Entity Name

TRA-MAR ENTERPRIZES, INC.

Principal Place of Business

**RT.3 BOX 705
MAYO FL 32066**

Mailing Address

**RT.3 BOX 705
MAYO FL 32066**

00034973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-1400000
59-3625733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOATRIGHT, TRAVIS A
RT.3 BOX 705
MAYO FL 32066**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOATRIDGE, TRAVIS A	
STREET ADDRESS	RT 3 BOX 705	
CITY-ST-ZIP	MAYO FL 32066-9494	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOATRIDGE, TRAVI A	
STREET ADDRESS	RT 3 BOX 705	
CITY-ST-ZIP	MAYO FL 32066-9494	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOATRIDGE, SANDRA	
STREET ADDRESS	RT 3 BOX 705	
CITY-ST-ZIP	MAYO FL 32066-9494	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEEK, MARY C	
STREET ADDRESS	7050 BELLVILLE RD	
CITY-ST-ZIP	LAKE PARK GA 31636	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Travis A. Boatright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRAVIS A BOATRIGHT 7/7/01

904-294-1067
Daytime Phone #

CR2E034 (10/00)