FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90069 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110871

1. Entity Name
TRA-MAR ENTERPRIZES, INC.

10090882

Principal Place of Business	Mailing Address
RT.3 BOX 705 MAYO, FL 32066	RT.3 BOX 705 MAYO, FL 32066

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3825733 ☐ 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
BOATRIGHT, TRAVIS A RT.3 BOX 705 MAYO, FL 32066	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

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOATRIDGE, TRAVIS A		NAME		
STREET ADDRESS	RT 3 BOX 705		STREET ADDRESS		
CITY-ST-ZIP	MAYO, FL 320669494		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOATRIDGE, TRAVI A		NAME		
STREET ADDRESS	RT 3 BOX 705		STREET ADDRESS		
CITY-ST-ZIP	MAYO, FL 320669494		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOATRIDGE, SANDRA		NAME		
STREET ADDRESS	RT 3 BOX 705		STREET ADDRESS		
CITY-ST-ZIP	MAYO, FL 320669494		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEEK, MARY C		NAME		
STREET ADDRESS	7060 BELLVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK, GA 31636		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Travis A. Boatright 4/24/03 386-294-1067

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #