

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000037270

Entity Name: ALTAMUS, INC.**Current Principal Place of Business:**4014 NW 13TH STREET
SUITE A
GAINESVILLE, FL 32609**Current Mailing Address:**PO BOX 6069
GAINESVILLE, FL 32627 US**FEI Number:** 83-4552125**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ULMER, KYLE G
8801 SW 45TH BOULEVARD
GAINESVILLE, FL 32608 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	ULMER, KYLE G
Address	8801 SW 45TH BOULEVARD
City-State-Zip:	GAINESVILLE FL 32608

Title	VP/D
Name	SPENCER, REECE U
Address	PO BOX 13372
City-State-Zip:	TALLAHASSEE FL 32317

Title	S/T
Name	HASKO, KIM S
Address	3811 NW 38TH STREET
City-State-Zip:	GAINESVILLE FL 32606

Title	D
Name	KOOGLER, JOHN B
Address	2240 NW 7TH LANE
City-State-Zip:	GAINESVILLE FL 32603

Title	D
Name	LEE, MAXWELL R
Address	2920 NW 29TH STREET
City-State-Zip:	GAINESVILLE FL 32605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM S. HASKO**SECRETARY/TREASURER** 02/09/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date